**Riding for the Disabled Association (NSW)**

## Audit Confirmation Slip

To Centre Support Liaison Officer

Audit conducted at Centre

Date

*Please place an “X” in the appropriate section audited.*

 Riding

 Driving

 Administration

## Personnel from Centre who assisted with the audit

|  |  |
| --- | --- |
| **Name of Coach/Coaches** |  |

**Administration persons and their position held at the Centre:**

|  |
| --- |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Outcome**:  |  |

|  |  |
| --- | --- |
| Auditor’s name: |  |

Auditor’s signature…………………………………………

Please attach the checklist and your expense sheet to this form and send directly to State Office as soon as possible after the audit.

Thank you for your time and expertise in this activity.