

CERTIFIED PUBLIC ACCOUNTANT

Pursuant to the Charter School contract, "An annual financial audit, requested and paid for by the School, shall be performed by a Licensed Certified Public Accountant".

School Name: _____ **Work Location:** _____

Name of Licensed Public Accountant:	
Name of Firm:	
Address:	
Telephone Numbers/ E-Mail Address:	Office and Fax:
	Cellular:
	E-Mail:

ADMINISTRATOR'S NAME (PRINT)

ADMINISTRATOR'S SIGNATURE

DATE

GOVERNING BOARD'S NAME (PRINT)

GOVERNING BOARD'S SIGNATURE

DATE

This form must be submitted via the Charter School Compliance Management System (CSCMS).

Revised on July 7, 2009