## Louisiana Legislative Auditor – Statewide Agreed-Upon Procedures Sample Representation Letter

(Place on Agency Letterhead)					
[Date]					
[CPA Firm's Name and Address]					
compl Proced	nection with your engagement to apply agreed-upon procedures to certain control and lance (C/C) areas identified in the Louisiana Legislative Auditor's Statewide Agreed-Upon lures (SAUPs), for the fiscal period <b>July 1, 20xx through June 30, 20xx</b> , we confirm, to st of our knowledge and belief, the following representations made to you during your ement.				
1.	We acknowledge that we are responsible for the C/C areas identified in the SAUPs, including written policies and procedures; board or finance committee; bank reconciliations; collections; non-payroll disbursements; credit/debit/fuel/purchasing cards; travel and travel-related expense reimbursement; contracts; payroll and personnel; ethics; debt service; and other areas ( <u>should be customized by entity, as applicable</u> ).				
	Yes □ No □				
2.	For the fiscal period <b>July 1, 20xx through June 30, 20xx</b> , the C/C areas were administer in accordance with the best practices criteria presented in the SAUPs.				
	Yes □ No □				
3.	We are responsible for selecting the criteria and procedures and for determining that succriteria and procedures are appropriate for our purposes.				
	Yes □ No □				
4.	We have provided you with access to all records that we believe are relevant to the C/C areas and the agreed-upon procedures.				
	Yes □ No □				
5.	We have disclosed to you all known matters contradicting the results of the procedures performed in C/C areas.				
	Yes □ No □				
6.	We have disclosed to you any communications from regulatory agencies, internal auditors, other independent practitioners or consultants, and others affecting the C/C areas, including communications received between <b>June 30, 20xx</b> , and <b>Date of Practitioner's Report</b> .				

Last Updated: June 2021

	Yes □ No □	
7.	We represent that the listing of bank accounts for the fiscal period that we provided to you is complete. We also represent that we have identified and disclosed to you our main operating account.	
	Yes □ No □	
8.	We represent that the listing of deposit sites for the fiscal period that we provided to you is complete.	
	Yes □ No □	
9.	We represent that the listing of collection locations for the fiscal period that we provided to you is complete.	
	Yes □ No □	
10.	We represent that the listing of locations that process payments for the fiscal period the we provided to you is complete.	
	Yes □ No □	
11.	We represent that the non-payroll disbursement transaction population for each location that processes payments for the fiscal period that we provided to you is complete.	
	Yes □ No □	
12.	We represent that the listing of all active credit cards, bank debit cards, fuel cards, and P-cards (cards) for the fiscal period, including the card numbers and the names of the persons who maintained possession of the cards, that we provided to you is complete.	
	Yes □ No □	
13.	We represent that the listing of all travel and travel-related expense reimbursements during the fiscal period that we provided to you is complete.	
	Yes □ No □	
14.	We represent that the listing of all agreements/contracts (or active vendors) for professional services, materials and supplies, leases, and construction activities that were initiated or renewed during the fiscal period that we provided to you is complete.	
	Yes □ No □	

15.	We represent that the listing of employees/elected officials employed during the fiscal period that we provided to you is complete.		
		Yes □	No □
16.	We represent that the listing of employees/officials that received during the fiscal period that we provided to you is complete.	l terminat	ion payments
		Yes □	No □
17.	We represent that the employer and employee portions of pacontributions, health insurance premiums, and workers' comperbeen paid, and associated forms have been filed, by required deaperiod.	isation pr	remiums have
		Yes □	No □
18.	We represent that the listing of bonds/notes issued during the fiscal to you is complete.	period tha	at we provided
		Yes □	No □
19.	We represent that the listing of bonds/notes outstanding at the end we provided to you is complete.	of the fisc	cal period that
		Yes □	No □
20.	We represent that the listing of misappropriations of public fund fiscal period that we provided to you is complete.	s and ass	ets during the
		Yes □	No □
21.	We are not aware of any material misstatements in the C/C areas in	dentified i	n the SAUPs.
		Yes □	No □
22.	We have disclosed to you [list other matters as you have deemed	appropri	ate].
		Yes □	No □
23.	We have responded fully to all inquiries made by you during the en		
		Yes □	No □

24. We have disclosed to you all known events that have occurred subsequence <b>20xx</b> , that would have a material effect on the C/C areas identified in the SA require adjustment to or modification of the results of the agreed-upon process.		
		Yes □ No □
The p	revious responses have been made to the best o	f our belief and knowledge.
Signa	ture	Date
Title		<u> </u>
Signa	ture	Date
Title		<u> </u>