**[Date]**

**[CPA Firm’s Name and Address]**

In connection with your engagement to apply agreed-upon procedures to certain control and compliance (C/C) areas identified in the Louisiana Legislative Auditor’s Statewide Agreed-Upon Procedures (SAUPs), for the fiscal period **July 1, 20xx through June 30, 20xx**, we confirm, to the best of our knowledge and belief, the following representations made to you during your engagement.

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 (***should be customized by entity, as applicable***).

Yes  No

1. For the fiscal period **July 1, 20xx through June 30, 20xx**, the C/C areas were administered in accordance with the best practices criteria presented in the SAUPs.

Yes  No

1. We are responsible for selecting the criteria and procedures and for determining that such criteria and procedures are appropriate for our purposes.

Yes  No

1. 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

1. We have disclosed to you all known matters contradicting the results of the procedures performed in C/C areas.

Yes  No

1. 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 **June 30, 20xx**, and **Date of Practitioner’s Report**.

Yes  No

1. 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

1. We represent that the listing of deposit sites for the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the listing of collection locations for the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the listing of locations that process payments for the fiscal period that we provided to you is complete.

Yes  No

1. 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

1. 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

1. 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

1. 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

1. We represent that the listing of employees/elected officials employed during the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the listing of employees/officials that received termination payments during the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the employer and employee portions of payroll taxes, retirement contributions, health insurance premiums, and workers’ compensation premiums have been paid, and associated forms have been filed, by required deadlines during the fiscal period.

Yes  No

1. We represent that the listing of bonds/notes issued during the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the listing of bonds/notes outstanding at the end of the fiscal period that we provided to you is complete.

Yes  No

1. We represent that the listing of misappropriations of public funds and assets during the fiscal period that we provided to you is complete.

Yes  No

1. We are not aware of any material misstatements in the C/C areas identified in the SAUPs.

Yes  No

1. We have disclosed to you [***list other matters as you have deemed appropriate***].

Yes  No

1. We have responded fully to all inquiries made by you during the engagement.

Yes  No

1. We have disclosed to you all known events that have occurred subsequent to **June 30, 20xx**, that would have a material effect on the C/C areas identified in the SAUPs, or would require adjustment to or modification of the results of the agreed-upon procedures.

Yes  No

**The previous responses have been made to the best of our belief and knowledge.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Title |  |  |  |
| Signature |  | Date |  |
| Title |  |  |  |