**2023 Audit Committee**

**or CPA Qualifications Form**

*This form is to be completed &* ***submitted to the diocesan office by April 15, 2024***

Date

Parish

Address

For person completing this form, include the following contact information:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Phone Number: |  | E-mail Address: |  |

Parish has contracted the services of the following independent certified public accounting firm:

Name of firm:

 *(Please enclose a copy of the engagement letter.)*

**OR**

Parish has convened an Audit Committee comprised of the following individuals:

|  |  |
| --- | --- |
| Name: |  |
| Qualifications/Audit Training or Experience: |  |
|  |
| Name: |  |
| Qualifications/Audit Training or Experience: |  |
|  |
| Name: |  |
| Qualifications/Audit Training or Experience: |  |
|  |
| Name: |  |
| Qualifications/Audit Training or Experience: |  |
|  |