



**AUDIT  
TRANSMITTAL  
FORM**

## **Audit Organization Information**

Company name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Name & Title \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

The following events are being audited by my organization:

Event Name	Dates	Location
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In accordance with EEIAC policy, a fee of \$100 per event audited must accompany this form.  
Amount enclosed \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Authorized Representative (*print or type*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date