

Name of MDA:

Internal Audit Unit

Form 22: Follow-up Report of the Month of.....

Summary of follow-up Status

No.	Name of the Office/ Auditee responsible for implementation of recommendations	Numbers of recommendations and amount									
		Carried forwarded from previous month		Additional of this month		Total		Recommendations closed during this month		Carried forwarded for next month	
		Recommendations (No.)	Amount (Tk) (If Any)	Recommendations (No.)	Amount (Tk) (If Any)	Recommendations (No.)	Amount (Tk) (If Any)	Recommendations (No.)	Amount (Tk) (If Any)	Recommendations (No.)	Amount (Tk) (If Any)
1											
2											
3											

Note: The recommendations closed during this month include(No.) the numbers of recommendations and the amount(Tk) based on the decision to dispose of recommendations.

Some of the critical audit recommendations implemented and due to implement are briefly summarized below.

- 1.
- 2.

Prepared by and date
(Auditor)

Verified by and date
(AD/DD)

Approved by and date
(HIA/CAE)

