# **Annex 5: Spot Check Report**

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| **BACKGROUND INFORMATION** | | | | | |
| Name of IP Organization: | | |  | | |
| Programme Title (section) | | |  | | |
| AWP/PCA Reference: | | |  | | |
| Location where spot check took place | | |  | | |
| IP Contact person and position: | | |  | | |
| Date(s) of Spot check: | | |  | | |
| Period covered by FACE form(s) selected for spot check | | |  | | |
| Total value of selected FACE form(s) | | |  | | |
| IP staff whom the spot check team met and worked with during the spot check (names & titles) | | |  | | |
| Date of report | | |  | | |
| **INTERNAL CONTROLS** | | | | | |
| * Inquire of IP management whether there have been any changes to internal controls since the prior micro assessment from the current programme cycle. * Inquire whether the high priority recommendations from the micro assessment and previous assurance activities have been implemented. * *Document any changes identified* | | |  | | |
| **SUMMARY OF HIGH PRIORITY FINDINGS AND RECOMMENDATIONS** | | | | | |
| **No** | **Finding** | | **Recommendation** | | **Agreed Action by IP and deadline** |
| 1 |  | |  | |  |
| 2 |  | |  | |  |
| **UNICEF FOLLOW-UP ACTIONS** | | | | | |
| **No** | **Follow up action** | | **Responsible UNICEF officer** | | **Expected completion date** |
| 1 |  | |  | |  |
| 2 |  | |  | |  |
| **ANNEXES** | | | | | |
| 1 | Annexe 6: Feuille de calcul vérification des dépenses | | | | |
| 2 | Annexe 7: Constats détaillés et recommandations | | | | |
| **SIGNATURES OF SPOT CHECK TEAM MEMBERS** | | | | | |
| **Name and title** | | **Signature** | | **Date** | |
|  | |  | |  | |