TESDA-OP-IAS-01-F01

Rev. No. 01- 05/28/2020

**ANNUAL COMPLIANCE AUDIT PLAN**

**REGION:**

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| **Province** | **Name of TVI/Company** | **Address** | **Programs to be Audited** | **DATE OF REGISTRATION** | **DATE OF LAST AUDIT** | **Schedule of Audit** | **Name of Lead Auditor** | **Audit Team Members** | **Remarks** |
| **No.** | **Street** | **Brgy.** | **City/****Municipality** | **Congressional District** | **Sector** | **Qualification** | **NTR/WTR** | **Mo.** | **Day** | **Year** | **Mo.** | **Day** | **Year** | **Mo** | **Day** | **Year** |
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| **Prepared/Submitted by:** | **Approved by:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **RO UTPRAS/Compliance Audit Focal** | **Regional Director** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |