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| **ANNUAL AUDIT PLAN**  |  |
|  | **REGION:** |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Province** | **Name of TVI/Company** | **Address** | **Programs to be Audited** | **DATE OF REGISTRATION** | **DATE OF LAST AUDIT** | **Tentative 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:** |  |  |  |  |  |
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|  | **RO UTPRAS/Compliance Audit Focal Person** |  |  |  |  |  |  |  |  |  |  | **Regional Director** |  |  |  |  |
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|  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |  |  |  |  |  | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |