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** | **Congre ssional District** | **Sector** | **Quali fication** | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |