

## STATE OF MAINE DEPARTMENT OF EDUCATION 23 STATE HOUSE STATION AUGUSTA, ME 04333-0023

PENDER MAKIN COMMISSIONER

## **Audit Extension Request**

## Federal Single Audits <u>are not considered</u> in this extension request.

Name of School Administrative Unit:		
Fiscal Year(s):		
Please indicate the late document below: (check one box)  Financial Statement Audit	Please indicated the entity or entities the request(s) is intended (may check more than one box if applicable)  School Department Audit	
Single Audit	Municipal Audit	
Corrective Action Plan	Combined Audit (school & municipal audit as one document)	
Request for opportunity for a hearing OR to se	ubmit written testimony in lieu of a hearing (	choose one):
☐ In lieu of a hearing pursuant to <u>20-A MRSA</u>	§6801-A(1), I have answered the questions b	elow*.
☐ I request a hearing pursuant to <u>20-A MRSA</u>	§6801-A(1).	
*The following questions must be answered in	n lieu of a hearing (please attach additional p	ages if needed)
1. Please Explain the reason why the rea	quired document(s) are late?	
2. Please indicate audit firm preforming	the audit	
3. What actions will be taken to ensure	reporting deadlines will be met in the future?	
<b>4.</b> When will the Department receive th	e required document(s)?  Date	
Signature – Superintendent of Schools	 Date	
Print Name – Superintendent of Schools	email to:  DOE.Audit@Maine.gov	Contact: Michelle Alexander School Finance & Compliance Department of Education 23 State House Station

Augusta ME 04333-0023