# Audit District Contact Form

**Audit Contact Types**

**Pupil Count:** District staff member responsible for providing audit documentation and clarification to the School Auditing Office for pupil funding data included in the Student October Count data submission

**At-Risk Count:** District staff member responsible for providing audit documentation and clarification to the School Auditing Office for at-risk funding eligibility data included in the Student October Count data submission

**English Language Learner (ELL) Count:** District staff member responsible for providing audit documentation and clarification to the School Auditing Office for ELL funding eligibility data included in the Student October Count data submission

**Transportation Expenditures and Mileage:** District staff member(s) responsible for providing audit documentation and clarification to the School Auditing Office for mileage and expenditure data submitted on the district’s CDE-40 claim form

### Purpose

Each year, all Colorado school districts and the Charter School Institute participate in the Student October Count, as well as the Transportation CDE-40 claim form, data submissions. These data submissions are used to determine district per pupil and at-risk funding (Student October), as well as transportation fund reimbursement entitlements (CDE-40 claim form).

In order to ensure accurate distribution of available funds, all districts are subject to a compliance audit that includes a review of documentation in support of the data reported in both data submissions. Districts are required to upload all required audit documentation to their corresponding audit Syncplicity folders.

To facilitate the start of these compliance audits, and ensure access to the district’s audit Syncplicity folder, districts should provide updated audit contact information as needed by completing this form and emailing to the School Auditing Office at: audit@cde.state.co.us.

|  |  |
| --- | --- |
| School District Number |       |
| School District Name |       |

Please indicate to which ***fiscal year*** the following contact information applies:

|  |  |
| --- | --- |
| Student October (Pupil, At-Risk, and ELL Counts) |       |
| Transportation CDE-40 Claim Form |       |

**Pupil Count:**

|  |  |
| --- | --- |
| Contact Name |       |
| Email Address |       |
| Telephone Number (ext) |       |

**At-Risk Count:**

|  |  |
| --- | --- |
| Contact Name |       |
| Email Address |       |
| Telephone Number (ext) |       |

**English Language Learner (ELL) Count:**

|  |  |
| --- | --- |
| Contact Name |       |
| Email Address |       |
| Telephone Number (ext) |       |

**Transportation Expenditures and Mileage:**

|  |  |
| --- | --- |
| Contact Name |       |
| Email Address |       |
| Telephone Number (ext) |       |

|  |  |
| --- | --- |
| Authorized district staff member name (print) |       |
| Authorized district staff member signature |       |