**REQUEST FOR INTERNAL REVIEW ASSISTANCE**

1. Short Descriptive Title or Subject:
2. Basis/Rationale/Reason for Suggestion: (Briefly describe the rational for the proposed review. What are the major issues and resource implications?)
3. Time-Frame: (If necessary to do the review during a certain time-frame, specify dates.)
4. Objective(s)/Scope (Optional):
5. Anticipated Benefits (Optional): (What benefits are projected if the review is conducted?)
6. Type of Service Requested (Optional): IR offers assurance reviews to all TRADOC, IMCOM, FORSCOM, and Army tenant units/organizations at Fort Moore. An assurance review is an objective examination of evidence for the purpose of providing an independent assessment on risk management, control, or governance processes for the organization. Examples may include financial, performance, compliance, and systems security engagements. Assurance reviews are accomplished in accordance with professional standards promulgated by The Institute of Internal Auditors, Inc. and seek to solve known or perceived problems, provide information in support of decision-making, or take advantage of opportunities to improve efficiency or effectiveness.The types of assurance reviews offered by IRAC include:
7. Reliability and Integrity of Information.
8. Compliance with Policies, Plans, Procedures, Laws, and Regulations.
9. Safeguarding of Assets.
10. Economical and Efficient Use of Resources.
11. Accomplishment of Established Objectives and Goals for Operations and Programs.
12. **Risk:**  Using the criteria below, identify risk low (1) to high (5).

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| --- | --- | --- | --- | --- |
|  CRITERIA |  | LOW |  MED |  HIGH |
|  |  |  |  |  |  |  |
| Mission/Readiness/Morale Impact  | NA | 1 | 2 | 3 | 4 | 5 |
| Dollar Value Involved  | NA | 1 | 2 | 3 | 4 | 5 |
| Potential for Fraud/Waste/Abuse | NA | 1 | 2 | 3 | 4 | 5 |
| Potential adverse impact on Employee/public safety  | NA | 1 | 2 | 3 | 4 | 5 |
| Potential violation of law, policy or regulation  | NA | 1 | 2 | 3 | 4 | 5 |
| History of Problems | NA | 1 | 2 | 3 | 4 | 5 |
| Potential for Adverse Publicity | NA | 1 | 2 | 3 | 4 | 5 |

1. Other Comments or Remarks:
2. Point(s) of Contact: (Name, telephone number, e-mail of knowledgeable person(s) who can provide additional information on the request).