



FRAUD RISK ASSESSMENT

DEPARTMENT/DIVISION: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

AREA OR BUSINESS PROCESS WITH HIGH RISK OR POTENTIAL FRAUD (E.G. CASH RECEIPTS, INVENTORY, PAYROLL, EQUIPMENT...)

1. _____

2. _____

3. _____

CURRENT CONTROLS TO REDUCE RISKS IDENTIFIED ABOVE (CASH REGISTER OR CASH RECEIPTS TO DETERMINE AMOUNT RECEIVED, TIMESHEETS SIGNED BY SUPERVISORS, EQUIPMENT LOG...)

1. _____

2. _____

3. _____

SUGGESTIONS TO INCREASE CONTROLS RELATED TO IDENTIFIED RISKS:

1. _____

2. _____

3. _____
