

EXHIBIT 222

(Rev.)

AUDIT CLEARANCE DOCUMENT
PART I

Audit Control No. _____ Report Date _____
Cognizant Division or Unit _____ Program _____
Other Division or Unit _____

Grantee/Contractor

Name _____
Address _____
City _____ State _____ Zip Code _____

Grant/Contract No. _____

Common Accounting No. _____ Appropriation No. _____

Audit Recommendation: _____

Amounts Recommended for Financial Adjustment:

<u>Finding Code-Cost Element</u>	<u>Amount Recommended</u>	<u>Amount Sustained</u>
1. _____	\$ _____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Totals	\$ _____	\$ _____

Action Taken on Recommendation: _____

Signature, Originating Official Date Signature, Approving Official Date

Signature, Office of the General Counsel Date

AUDIT CLEARANCE DOCUMENT
PART I (Continuation Sheet)

Date _____

Audit Control No. _____

Report Date _____

Audit Recommendation: _____

Amounts Recommended for Financial Adjustment:

<u>Finding Code-Cost Element</u>	<u>Amount Recommended</u>	<u>Amount Sustained</u>
1. _____	\$ _____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<i>Totals</i>	\$ _____	\$ _____

Action Taken on Recommendation: _____

AUDIT CLEARANCE DOCUMENT

PART II Recommendation Remaining Open

Date _____

Audit Control No. _____

Finding
Code

Recommendation

Amount Recommended for
Financial Adjustment

CENTERS FOR MEDICARE AND MEDICAID SERVICES

AUDIT STATUS FOLLOW-UP REPORT

AS OF _____

PROGRAM _____ Audit Control Number _____

Auditee _____

Number of Recommendations in Report _____

Recommendations Closed to Date: No. _____

Recommendations Cleared Only:

Status of Actions Taken:

Regional Program Director