

**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
EXIT CONFERENCE FORM**

**DATE:**

**FIRM NAME:**

**Auditors Present:**

**Auditees Present:**

*(Include titles)*

**CONFIRMATION STATEMENT**

Does Auditee agree with Audit Report / Findings?      Yes         No  

**Concerns or Comments discussed at the Exit Conference:**

**Auditee(s)' Response to Potential Audit Comments:**

**(NOTE: Response must be delivered within 10 days of the noted Exit Conference date)**

**REPORT ITEM**

**AUDITEE RESPONSE**

SIGNATURES REQUIRED (Name /Title):

CPA REP: \_\_\_\_\_

FIRM REP: \_\_\_\_\_