

South Carolina Recovery Audit 2016

Engagement Authorization/Selection Form

In compliance with Proviso 117.89 of the 2015/2016 Appropriations Act, _____¹
would like to engage _____² to perform our recovery audit. Our primary contact
person for the recovery audit is:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

1. Write in the name of your agency/institution

2. Write in your Recovery Audit firm selection (choose one below):

American Utility Auditors, LLC

Contact: James Barbee

Phone: 803-665-0237

Email: americanutilityauditors@yahoo.com

Recovery Fee: 20%

Contract # 5400011374

Recovery Audit Specialists, LLC

Contact: Brenda Russell

Phone: 202-255-2302

Email: BRussell@ras-dc.com

Recovery Fee: 18.5% for A/P... 20% for Other

Contract # 4400004692

Stonebridge Business Partners

Contact: James Marasco

Phone: 585-427-8900

Email: jmarasco@stonebridgebp.com

Recovery Fee: 18%

Contract # 4400006311

Initial in the box below **only** if you are electing optional services*

☐

*In addition to the mandatory accounts payable audit (defined as "overpayments, duplicate payments, erroneous payments, and rebates, discounts and credits not received), I am electing additional, optional auditing services (analysis of contracts and pricing structures and/or recommendations for future cost-savings and improved state agency financial operations).

If this form is completed and returned at the recovery audit kickoff meeting (January 20, 2016) you will be contacted by the firm.

If this form is **not** completed and returned at the recovery audit kickoff meeting **you** will need to contact the auditor of your choice (contact information is listed above).

By signature below, I certify that I have the authority to make the decision(s) relevant to this document on behalf of the agency/institution I represent.

Signature

Name (Print)

Date