### [Use client letterhead]

Accounts Receivable—Specific Transactions

Nov-2011

Template owner: Audit Services

Although printed on client letterhead and signed by the client, the auditor is required to maintain control over external confirmation requests, including sending the requests and ensuring responses are sent directly to the auditor.

Search and replace “[client]” with the short form name of the client, or “the Corporation,” “the Company,” “the Partnership,” “the Trust” or other, as appropriate.

All text in blue should be tailored or removed, as appropriate.

[Date]

[Customer name]

[Title]

[Name of service or division]

[Name of department, agency or business]

[Building name]

[Street number and name, floor, tower, suite]

[City, Province]  [Postal code]

Dear [civil title and surname of the recipient]:

In connection with the audit of our financial statements, our auditor, the Office of the Auditor General of Canada wishes to obtain independent confirmation of balances owing by customers.

We understand that your accounting records do not permit you to confirm a balance. Accordingly, we have listed on the reverse some specific transactions that have been selected at random from among those shown in your account in our records.

We shall be grateful if you would kindly confirm the correctness of these items, or provide us with details of any differences. Please sign and return this confirmation directly to our auditor:

Office of the Auditor General of Canada
240 Sparks Street
Ottawa, Ontario  K1A 0G6
[or insert the regional Office address]
Fax number: [fax number]

Attention: [name], (Stop # [number])

A self-addressed envelope is enclosed for your convenience.

Yours sincerely,

[to be signed by client]

[Name]
[Title of client official]

cc: [Name and title], Office of the Auditor General of Canada

Confirmation

Office of the Auditor General of Canada
240 Sparks Street
Ottawa, Ontario  K1A 0G6
[or insert the regional Office address]

Attention: [name] (Stop # [number])

We confirm the correctness of the following specific transactions, except as noted below.

### Items charged to our account

|  |  |  |
| --- | --- | --- |
| Date | Invoice | Amount |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

### Cash payments or credits allowed

|  |  |  |
| --- | --- | --- |
| Date | Cash or credit note | Amount |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  |  | Click here to enter text. |
| Signature |  | Name (please print) |
| Click here to enter text. |  | Click here to enter text. |
| Position |  | Telephone |
| Click here to enter text. |  |  |
| Date |  |  |
|  |  |  |

### Details of differences:

Click here to enter text.