



UNIVERSITY OF  
**TEXAS**  
ARLINGTON

**FISCAL YEAR 2011 ANNUAL INTERNAL AUDIT REPORT**

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**Purpose of the Annual Report:** To provide information on the benefits and effectiveness of the internal audit function. In addition, the annual report assists central oversight agencies in their work planning and coordinating efforts.

## I. Internal Audit Plan for the Fiscal Year 2011

AUDIT	BUDGETED HOURS
<b>FINANCIAL AUDITS</b>	
FY 2010 Financial Statement Audit (AFR)	800.00
FY 2011 Financial Statement Audit (Interim)	100.00
Presidential Housing, Travel & Entertainment Expense Audit	100.00
NCAA Financial Audit	150.00
Joint Admission Medical Program "JAMP" (Biennial Requirement)	80.00
Financial Portion to the Statewide Single Audit (assistance to SAO) follow-up	40.00
<i>Financial Audits Subtotal</i>	1,270.00
<b>OPERATIONAL AUDITS</b>	
(C/F) Disability Services/Fire and Life Safety	200.00
Procurement Card Audit	200.00
Employee Check-Out Process	250.00
Operational Review of Grant & Contract Administration and Accounting	238.00
<i>Operational Audits Subtotal</i>	888.00
<b>COMPLIANCE AUDITS</b>	
(C/F) New Construction and Renovation Projects Review Against THECB Requirements	200.00
Advanced Technology Program/Advanced Research Program (ATP/ARP)	140.00
Institutional Compliance Program Audit	240.00
Travel Policy Compliance and Spending Review	200.00
Federal Portion of Statewide Single Audit (assistance to the SAO) follow-up	60.00
Endowments' Stewardship	220.00
<i>Compliance Audits Subtotal</i>	1,060.00
<b>INFORMATION TECHNOLOGY</b>	
(C/F) Information Technology Governance Audit IIA Standards 2110.A2	25.00
TAC 202 Biennial Requirement	250.00
Information Security Program Audit	200.00
Security Review of Decentralized Servers	250.00
<i>Information Technology Subtotal</i>	725.00
<b>FOLLOW-UP AUDITS</b>	
Follow-Up Audits (IT Related)	252.00
Follow-Up Audits (Non IT Related)	200.00
<i>Follow-Up Audits Subtotal</i>	452.00
<b>AUDIT PROJECTS</b>	
UT System Requests	400.00
FY 2012 Annual Audit Plan Preparation	140.00
Annual Internal Audit report	60.00



Special Audits & Other Audit-Related Activities	250.00
Spot Audits of Petty Cash Funds	40.00
<i>Audit Projects Subtotal</i>	890.00
<b>CONSULTING PROJECTS</b>	
Special Requests – Consulting	150.00
<i>Consulting Projects Subtotal</i>	150.00
<b>OTHER PROJECTS</b>	
Quality Assurance Review Follow Up	60.00
Committees (e.g. Internal Audit, Compliance and other Committee Involvement)	200.00
Investigations	160.00
TeamMate Conversion and Procedures	250.00
Special Requests – Projects	180.00
<i>Other Projects Subtotal</i>	850.00
<b>TOTAL AUDIT HOURS</b>	6,285.00

**Deviations from plan:** The Institutional Audit Committee approved cancelling the *Operational Review of Grant & Contract Administration and Accounting* audit in view of a ERP system implementation and the SAO A-133 Audit of the Research Cluster. The audit’s remaining 102 hours were re-allocated to *Follow-Up Audits, IT Related*.

Audit	Original Budgeted Hours	Change	After Approval
Follow-Up Audits IT Related	150.00	102.00	252.00
Operational Review of Grant & Contract Administration and Accounting	340.00	(102.00)	238.00
<b>Total</b>	490.00	--	490.00

The *Security Review of Decentralized Servers* audit was cancelled, due to policy and procedure changes that significantly reduced the risk in this area and these hours were used in other audit work plan areas.

## II. External Quality Assurance Review

UT Arlington’s Department of Internal Audit completed a Quality Assurance Review in May 2009. Members of the review team were: Kathryn Kapka (The University of Texas at Tyler), Scott Pierce (Georgia Southern University), and Paul Tyler (The University of Texas at San Antonio). The review reports that the Department of Internal Audit **generally conforms** with the standards in all areas. The following table contains the analysis of how the Department of Internal Audit at The University of Texas at Arlington’s activities conform to each section of the *Standards*.



Standard Type and Description	Opinion
<b><i>Attribute Standards</i></b>	
1- Purpose, Authority and Responsibility	Generally Conforms
1- Independence and Objectivity	Generally Conforms
1- Proficiency and Due Professional Care	Generally Conforms
1- Quality Assurance and Improvement Program	Generally Conforms
<b><i>Performance Standards</i></b>	
2- Managing the Internal Audit Activity	Generally Conforms
2- Nature of Work	Generally Conforms
2- Engagement Planning	Generally Conforms
2- Performing the Engagement	Generally Conforms
2- Communicating Results	Generally Conforms
2- Monitoring Progress	Generally Conforms
2- Resolution of Senior Management's Acceptance of Risks	Generally Conforms
The Institute of Internal Auditors' <i>Code of Ethics</i>	Generally Conforms

All members of management interviewed were complimentary of Internal Audit and its interaction with audit clients throughout the University. This level of satisfaction was reflected in the audit committee and audit client surveys that were reviewed. The entire report can be requested from the Director of Internal Audit at (817) 272-2018. Note the department is planning for their next Quality Assurance Review around April/May 2012.

### III. List of Audits Completed

Report No.	Report Date	Name of Report	High-Level Consulting Engagement/Non-Audit Service Objective(s)	Observations/ Results & Recommendations	Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented) with brief description if not yet implemented. <sup>1</sup>	Fiscal Impact/Other Impact
10-01	9/6/2010	IT Governance	To assess whether the IT governance framework sustains and supports the University's strategic objectives	<p>1A. The IT Governance Committee should update its implementation plan and timelines and ensure that the processes are established.</p> <p>1B. The IT Governance Committee should identify and notify all members of the advisory committees of their roles and responsibilities.</p> <p>1C. To fulfill their responsibilities in the IT governance process, all committees should meet regularly and provide status updates to the Executive and IT Governance committees.</p> <p>2) The OIT management should address the five areas cited and set target implementation dates for completion -- (items a. through e. above).</p> <p>2A. A reporting mechanism is not in place to update Executive</p>	<p>Full Implemented</p> <p>Fully Implemented</p> <p>Fully Implemented</p> <p>Fully Implemented</p> <p>Fully Implemented</p>	Lack of implemented IT Governance Structure



Report No.	Report Date	Name of Report	High-Level Consulting Engagement/Non-Audit Service Objective(s)	Observations/ Results & Recommendations	Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented) with brief description if not yet implemented. <sup>1</sup>	Fiscal Impact/Other Impact
		IT Governance <i>(Continued)</i>		<p>management on the status of IT governance. A reporting mechanism provides awareness of the value of IT governance in terms of meeting the University's strategic objectives. OIT plans to provide senior management a status update of the IT governance implementation progress on an annual basis. Furthermore, OIT plans to provide updates on IT governance on its web site.</p> <p>2B. An IT governance process is not in place to promote a collaborative business and IT partnership for strategy development and shared focus on high-value IT-enabled investments. OIT plans to provide a forum for input and have web transparency to keep the campus informed.</p> <p>2C. A process is not in place that provides visibility and transparency of project portfolio management. In the future, OIT plans to publish IT project portfolio information on its web</p>	<p>Fully Implemented</p> <p>Fully Implemented</p>	







Report No.	Report Date	Name of Report	High-Level Consulting Engagement/Non-Audit Service Objective(s)	Observations/ Results & Recommendations	Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented) with brief description if not yet implemented. <sup>1</sup>	Fiscal Impact/Other Impact
		IT Governance <i>(Continued)</i>		<p>followed and take timely corrective measures, if needed;</p> <p>iv. calculate and track resource usage.</p> <p>3. The OIT management should coordinate with University Compliance Services to assess which departmental IT-related risks may negatively impact the University's operations. The OIT management should work with the various departments to address these IT-related risks.</p>	Fully Implemented	
10-08	9/7/2010	NCAA Student Financial Aid Compliance	To ensure that the Athletics Department is in compliance with the 2009-2010 NCAA Division I Manual, Bylaw 15, pertaining to Student Financial Aid	When the standard cost of attendance figure is adjusted for a student athlete, we recommend that both the Athletic Office and the Financial Aid Office maintain sufficient documentation to evidence the circumstances and the methodology used to make the adjustment.	Fully Implemented	<p>Failure to adhere to NCAA scholarship limitations per sport and per individual</p> <p>Failure to appropriately process Grant-in-Aid documents</p> <p>Failure to distribute student-athlete scholarships in a</p>



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		NCAA Student Financial Aid Compliance <i>(Continued)</i>				<p>timely manner</p> <p>Failure to have institutional oversight by the Financial Aid Office and Athletic Compliance Committee</p> <p>Failure to monitor non-athletic related aid (TPEG, rotary club scholarships, etc.)</p> <p>Loss of scholarships due to failure to retain and graduate student-athletes</p>
10-13	11/30/2010	FY 2010 Annual Financial Review (AFR)	Annual Financial Reports (AFRs) and related footnote information are prepared by the financial reporting officers at each UT institution and UT System Administration in accordance with accounting	1. We recommend that Accounting Services record in DEFINE all non-cash donations as soon as they are valued rather than waiting until year end. Additionally, notations should be made on the reconciliation indicating the	Fully Implemented	Reduce the risk of financial misstatement through improved controls.



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		FY 2010 Annual Financial Review (AFR) <i>(Continued)</i>	and financial reporting requirements promulgated by UT System policy and the Texas Comptroller of Public Accounts to be included in the UT System Consolidated AFR. The AFRs for the UT institutions and UT System Administration do not include footnotes, which would be necessary for the AFRs to be in accordance with generally accepted accounting principles. In addition, certain supporting documents and accounting information which were used to prepare the UT institutions' AFRs are not available at the UT institutions, but are maintained at UT System Administration. The Controller's Office of UT System Administration consolidates AFRs from all UT institutions and UT System Administration and prepares appropriate footnotes and other related disclosures so that the UT System	<p>disposition of any reconciling items to ensure that all reconciling items are properly cleared.</p> <p>2. Accounting Services should work with the Technology Transfer Office within Research Administration to design a process to keep Accounting Services informed throughout the year, in the event that there may be material intangible assets to be recognized.</p> <p>3A. The Admissions management should request the Office of Information Technology (OIT) My Mav Access Control to immediately remove access from the 10 listed users.</p> <p>3B. The Admissions management should conduct a periodic review of the access rights to critical student information such as the residency field.</p> <p>4. We recommend that the Office of Information Technology (OIT)</p>	<p>Fully Implemented</p> <p>Fully Implemented</p> <p>Fully Implemented</p> <p>Substantially Implemented</p>	



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		FY 2010 Annual Financial Review (AFR) <i>(Continued)</i>	Consolidated AFR is prepared in accordance with generally accepted accounting principles. The information included in the institution's AFR and related footnote information, which is available at the institution, is the responsibility of UT Arlington's management.	<p>work with Asset Management to explore other options of attaching the inventory tags to equipment such as servers, where there is a minimum visible area to attach the inventory tags, 10 such that the tags are visible or verifiable without major disruption to the equipments' functions. Section III of UT Arlington's Procedures 2-43: Responsibilities, Inventories, Reporting and Tracking of University Property, states that if an item cannot be tagged due to the nature (size, use, material, etc.) of the item, the inventory tag will be affixed to a 5x7 card and the card will be retained in the department's inventory file for verification. The management could use this methodology to track the assets identified in this audit and also other similar assets.</p> <p>5. Human Resources should issue a reminder to all departments about the importance of completing and retaining the monthly absence report to properly and accurately</p>	Fully Implemented	



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		FY 2010 Annual Financial Review (AFR) <i>(Continued)</i>		account for leave taken by employees.		
11-03	11/30/2010	Presidential Housing, Travel and Entertainment Expenditures Audit	To provide assurance that the Fiscal Year 2009 travel and entertainment expenses for the President comply with the UT Arlington-established policies and procedures for travel, entertainment and housing expenditure reimbursements to employees that include State, Federal, and Board of Regents' Rules and Regulations.	[No findings were noted in this audit.]	-	Reduce the risk of non-compliance with UT Arlington policies and procedures.
11-04	3/21/2011	Information Security Program Index (ISPI)	Objective is to determine if the ISPI assessment accurately reflects the University's strengths in the areas of foundation, practices and compliance with regard to information security.	<p>1. The ISO should work with appropriate management to account for all information resource owners. The list of owners should be documented and maintained.</p> <p>2. The ISO should develop a method to monitor and measure the extent to which owner responsibilities and duties are being performed.</p>	<p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p>	Risk of security breaches to institution's network and data



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		Information Security Program Index (ISPI) <i>(Continued)</i>		<p>3. The ISO should review the ISPI score calculation and should discuss and agree with the UT System Chief Information Security Officer if there are differences in the calculation.</p> <p>4. The ISO should develop a verifiable basis for determining the total number of University-owned computers.</p> <p>5. The ISO should work with OIT to ensure that the vCenter configuration management client is installed and running on all University computers.</p> <p>6. The vulnerabilities detected from the various scans should be rated in terms of security risks and potential impact to the University. The security incident ticketing process should document the risk rating of each identified vulnerability. The prioritization of remediation should be based on the risk rating. The ISO should obtain OIT's agreement to be</p>	<p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p>	



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		Information Security Program Index (ISPI) <i>(Continued)</i>		<p>immediately involved in the remediation process for vulnerabilities with high and medium risk ratings.</p> <p>7. For remediation of open security incidents that have budget impact or shortage, the ISO should present the matter to the IT Security Executive Working Group for proper disposition.</p> <p>8. The ISO should expedite the hiring of a staff member whose position is dedicated to managing incident ticketing and monitoring.</p> <p>9. As required by UT System, the ISO needs to include in the Annual Report to the President essential elements such as an executive summary and the compliance status to regulations and UT System policies. In addition, per ISPI metric score of 9, the Annual Report should also include comprehensive monitoring plans for logical access and physical controls.</p>	<p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p>	







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		Information Security Program Index (ISPI) <i>(Continued)</i>		<ul style="list-style-type: none"> <li>• Classifies Digital Data based on Data sensitivity and risk</li> <li>• Backs up Data under his/her responsibility in accordance with risk management decisions and secures back-up media</li>   <li>• Designates an individual to serve as an Information Security Administrator (ISA) to implement information security policies and procedures and for reporting incidents to the ISO</li>   <li>• Performs an annual information security risk assessment and identifies, recommends, and documents acceptable risk levels for information resources under his/her authority 12. The ISO should develop a definitive plan and time frame to establish a process that analyzes the configuration data being collected by the configuration management</li> </ul>		



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		Information Security Program Index (ISPI) <i>(Continued)</i>		client and determine if University computers are complying with the institution's security standards.		
11-05	4/15/2011	Endowment Stewardship Endowment Stewardship	To determine whether the University is in compliance with the UT System policy UTS 117 – <i>Endowment Compliance Plan System-Wide Standards and Guidelines</i> , with special emphasis on non-scholarship endowment spending. Also review endowments with no activity.	We recommend that the Office of Development and the endowment account administrators for the unfilled endowed academic positions work together to develop an action plan and set deadlines for the accomplishment of the endowment purposes. Consideration should be given to whether an existing faculty member could be selected as the holder of these endowments and routinely evaluated for whether he or she can continue as the holder of these endowed positions.	Fully Implemented	Inefficient stewardship plan and inability to retain donors
11-09	6/15/2011	Institutional Compliance Program Audit		1. The Compliance Officer should ensure the compliance program has a detailed work plan with budgeted hours, and that the status of the plan is shared with the Executive Compliance Committee to assist them in their oversight role.  2. The Compliance Office should consider making the compliance	Incomplete/Ongoing (being followed-up on FY 2012)  N/A – as client deemed not to implement	



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		Institutional Compliance Program Audit <i>(Continued)</i>		<p>risk information, such as the high-risk areas/functions, available for executives, deans and chairs that do not serve on the committee. It could be beneficial to include a rotating member on the Executive Compliance Committee, especially from the academic area.</p> <p>3. We recommend that the Compliance Office ensure that criminal background checks are being performed by monitoring this process. It could be done either by the Compliance Office periodically testing whether new employees had criminal background checks or by having Human Resources develop a monitoring plan with the results of the monitoring being reviewed quarterly.</p> <p>4. We recommend that Procedure 3-48: <i>Criminal Background Checks for Security-Sensitive Positions</i> be revised to state the actual procedures which are that criminal background checks should</p>	<p>Fully Implemented</p> <p>Fully Implemented</p>	



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		Institutional Compliance Program Audit <i>(Continued)</i>		<p>be obtained on all positions rather than just for security-sensitive positions.</p> <p>5. We recommend that the compliance training material include a post-test feature in the training to evaluate whether the employee understands the training material and to provide a means for employees to evaluate the training.</p> <p>6. We recommend that the Compliance Office conduct a periodic review of the compliance program's effectiveness and identify opportunities to improve the program, through surveys and other activities.</p>	<p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p> <p>Incomplete/Ongoing (being followed-up on FY 2012)</p>	
11-02	7/1/2011	Norman Hackerman Advanced Research Program Audit (NHARP) – formerly the Advanced Technology Program/Advanced Research Program (ATP/ARP)	The objective was to provide reasonable assurance that the University is complying with the procedures specified by the Texas Higher Education Coordinating Board (THECB) pertaining to the NHARP grants and the grant conditions.	<p>1. The Office of Grant and Contract Services should develop a process to ensure that all grant-related foreign travel is reviewed against the grant proposal to ensure that it is an allowable expense and approved before the travel is made.</p> <p>2. The Office of Grant and</p>	<p>Fully Implemented</p> <p>Fully Implemented</p>	



Report No.	Report Date	Name of Report	High-Level Consulting Engagement/Non-Audit Service Objective(s)	Observations/ Results & Recommendations	Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented) with brief description if not yet implemented. <sup>1</sup>	Fiscal Impact/Other Impact
		NHARP <i>(Continued)</i>		Contract Services and Grant Accounting are responsible for monitoring the grants and the expenditures on the grants. In order to improve controls over budget transfers, we recommend that a policy/procedure be developed to ensure that the budget transfer requests are channeled through OGCS for proper approval before the transfers are made. Also, it should be communicated to the departments and the Principal Investigators (PIs) having NHARP grants to make written requests (such as emails, memo, etc.) to OGCS for budget transfers.		
11-10	7/22/2011	Travel Policy Compliance and Spending Review	The objective was to determine compliance with UT Arlington's travel policies and identify any abnormal spending patterns.	1. Travel Support Services should escalate non-compliance with Procedure 2-90, <i>Completing Required Documentation for Travel Reimbursements, Section II, Timing</i> , to the department heads for employees who failed to submit travel vouchers and supporting documents within 60 days from the date of travel. Travel Support Services should also send reminders to the campus	Fully Implemented	Inaccurate amounts of reimbursements, misappropriations of funds, falsification of documentation equating theft of University money



Report No.	Report Date	Name of Report	High-Level Consulting Engagement/Non-Audit Service Objective(s)	Observations/ Results & Recommendations	Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented) with brief description if not yet implemented. <sup>1</sup>	Fiscal Impact/Other Impact
		Travel Policy Compliance and Spending Review <i>(Continued)</i>		<p>community periodically reminding employees to prepare mileage calculations using either the employee's odometer reading or by using MapQuest, which is the only mapping service accepted by the University.</p> <p>2. We recommend that the Office of Accounting and Business Services (OABS) develop University procedures to specifically address the Athletics Department handling of travel cards such as formal issuance, usage, and monitoring of athletic coaches' travel card purchases.</p> <p>3. Travel Support Services should escalate non-compliance with Procedure 2-80, <i>Request for Travel Authorization and Obtain Permission to Travel, Section IV.E, Travel Advances</i>, to the department heads for employees who failed to deposit unused funds at the Bursar's Office after the allowed 15 days from the last day of travel.</p>	<p>Fully Implemented</p> <p>Fully Implemented</p>	



<sup>1</sup> Definitions of implementation status are as follows:

- Fully Implemented: Successful development and use of a process, system, or policy to implement a prior recommendation
- Substantially Implemented: Successful development but inconsistent use of a process, system, or policy to implement a prior recommendation
- Incomplete/Ongoing: Ongoing development of a process, system, or policy to address a prior recommendation
- Not Implemented: Lack of a formal process, system, or policy to address a prior recommendation.



**IV. List of Consulting Engagements and Non-audit Services Completed Showing High-Level Objectives/ Observations/Results, Recommendations, and Implementation Status**

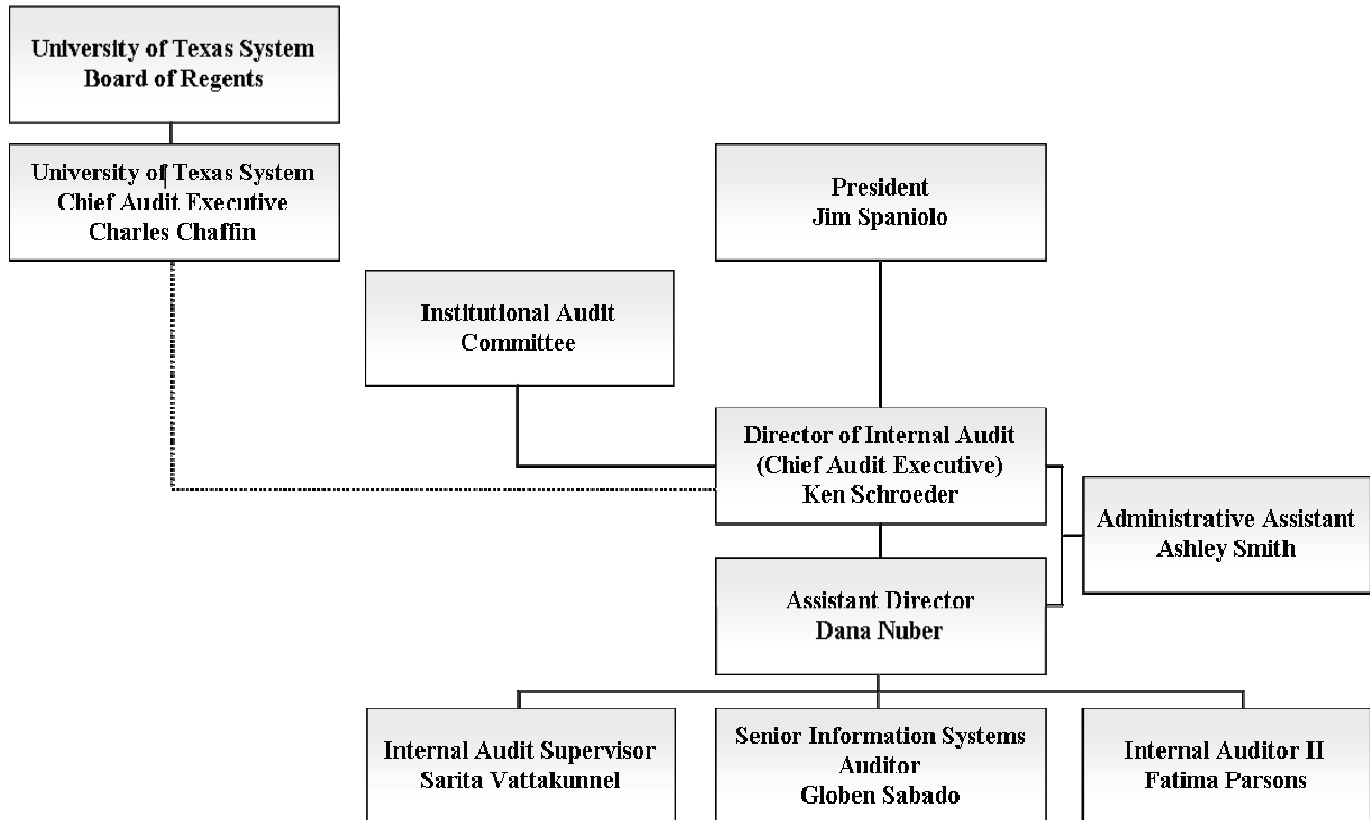
<b>Report No.</b>	<b>Report Date</b>	<b>Name of Report</b>	<b>High-Level Consulting Engagement/Non-audit Service Objective(s)</b>	<b>Observations/ Results &amp; Recommendations</b>	<b>Current Status (Fully Implemented, Substantially Implemented, Incomplete/Ongoing, or Not Implemented)<sup>2</sup> with brief description if not yet implemented.</b>	<b>Fiscal Impact/Other Impact</b>
None	None	None	None	None	None	None

<sup>2</sup> Definitions of implementation status are as follows:

- Fully Implemented: Successful development and use of a process, system, or policy to implement a prior recommendation
- Substantially Implemented: Successful development but inconsistent use of a process, system, or policy to implement a prior recommendation
- Incomplete/Ongoing: Ongoing development of a process, system, or policy to address a prior recommendation
- Not Implemented: Lack of a formal process, system, or policy to address a prior recommendation.



## V. Organizational Chart



## VI. Report on Other Internal Audit Activities

Activity	Impact
Participated with the University Institutional Compliance Office in Enterprise Risk Management Reviews	This participation provides a service to the University by facilitating the review and identification of the University's high risks.
Participated in numerous Web-based seminars/trainings.	These trainings provide information on current trends and important topics useful to the audit team.
Assistant Director on steering committee for the University's transition to PeopleSoft – a UT System shared ERP application system	Steering committee assists with general analysis during design, testing, and implementation phases, helps establish and oversee transition processes and standards, and provides leadership to enhance and support the UT System shared applications transition.



## VII. Internal Audit Plan for Fiscal Year 2012

The following Audit Plan Table identifies 2011 audit projects for various audit categories and indicates planned audit hours. Please note that the detailed schedules, risk assessments and analysis for preparation of the work plan are not included. A complete copy of the Work Plan schedules may be requested from the Director of Internal Audit at (817) 272-2018.

AUDIT	BUDGETED HOURS
<b>FINANCIAL AUDITS</b>	
FY 2011 Financial Statement Audit (AFR)	400.00
FY 2012 Financial Statement Audit (Interim)	100.00
Presidential Housing, Travel & Entertainment Expenses Audit	100.00
NCAA Financial Audit	150.00
Spot Audits of Petty Cash Funds	30.00
<i>Financial Audits Subtotal</i>	780.00
<b>OPERATIONAL AUDITS</b>	
Change in Management Audit of the Office of Information Technology	250.00
Audit of University-Owned Tablet Computers such as iPads	200.00
Telecommunications Operational Review/Physical Controls	250.00
(C/F) Disability Services/Fire & Life Safety	100.00
(C/F) Procurement Card Audit	75.00
(C/F) Employee Check-Out Process	75.00
Special Requests TBD	120.00
Special Audits & Other Audit-Related Activities	150.00
<i>Operational Audits Subtotal</i>	1,220.00
<b>COMPLIANCE AUDITS</b>	
Dependent Eligibility Audit	300.00
Statewide Single Audit (assistance to the SAO)	80.00
NCAA Compliance Audit – Recruiting	220.00
Nursing Shortage Reduction Program FY 2011 Awards	230.00
UT Arlington Nursing Simulation Award Audit	250.00
Research Compliance Review	100.00
Special Requests TBD	120.00
Special Audits & Other Audit-Related Activities	150.00
<i>Compliance Audits Subtotal</i>	1,450.00
<b>INFORMATION TECHNOLOGY &amp; CONSULTING</b>	
TAC 202 Biennial Requirement (Phase I)	200.00
TAC 202 Biennial Requirement (Phase II)	200.00
(C/F) TAC 202 Biennial Requirement (FY 2011)	50.00
PeopleSoft Implementation	500.00
Deloitte IT Security Consulting Follow-Up	50.00
TeamMate Conversion and Procedures	200.00
<i>Information Technology &amp; Consulting Subtotal</i>	1,200.00



<b>FOLLOW-UP AUDITS</b>	
Follow-Up Audits (IT Related)	150.00
Follow-Up Audits (Non IT Related)	150.00
<i>Follow-Up Audits Subtotal</i>	300.00
<b>PROJECTS</b>	
<i>Audit Projects</i>	
UT System Requests	400.00
FY 2013 Audit Work Plan Preparation	140.00
Annual Internal Audit Report	40.00
<i>Other Projects</i>	
Quality Assurance Review	250.00
Committees (e.g. Internal Audit, Compliance and Other Committee Involvement)	250.00
Investigations	200.00
<i>Projects Subtotal</i>	1,280.00
<b>TOTAL AUDIT HOURS</b>	6,230.00

### VIII. External Audit Activities

- SAO A-133 Student Financial Aid
- SAO Assistance for A-133, Research and Development audit
- Deloitte & Touche LLP Conducting FY 2011 Annual Financial Statement audit

### IX. Reporting Suspected Fraud and Abuse

The University of Texas at Arlington has implemented requirements as mandated in Article IX, Section 17.05 and Article XII, Section 5 (c), the General Appropriations Act (81<sup>st</sup> Legislature) and Texas Government Code, Section 321.022.

**Actions Taken:**

- The fraud reporting direct link to the state is maintained on the “Reports to State” (Resources Section bottom of page) link on the University’s home page [www.uta.edu](http://www.uta.edu).
- UT Arlington policies have been updated to provide information on reporting fraud involving State Funds to the SAO.
- Policies and Procedures have been updated for the requirement that the Chief Administrative Officer shall report suspected fraud to the State Auditor’s Office.
- With respect to ARRA reporting, information is provided on our website at <http://www.uta.edu/research/recovery/memo.html> with a link to [www.recovery.gov](http://www.recovery.gov).