

Data Collection Form for Reporting on
AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS
RETURN TO: Federal Audit Clearinghouse, 1201 E. 10th Street, Jeffersonville, IN 47132

Form SF-SAC(3-20-2001)

OMB #0348-0057

EIN : 436003859

Part I: GENERAL INFORMATION	
1. Fiscal year ending date for this submission (mm/dd/yyyy) 6/30/2003	2. Type of A-133 audit <input checked="" type="radio"/> Single audit
3. Audit period covered <input checked="" type="radio"/> Annual	CENSUS USE ONLY
5. Employer Identification Number (EIN) a. Auditee EIN 436003859	4. Date received by clearinghouse
6. AUDITEE INFORMATION	7. AUDITOR INFORMATION
a. Auditee name UNIVERSITY OF MISSOURI SYSTEM	a. Auditor name DELOITTE & TOUCHE LLP
b. Auditee address (Number and street) 118 UNIVERSITY HALL	b. Auditor address (Number and street) ONE CITY CENTRE
City COLUMBIA	City ST. LOUIS
State Zip Code MO 65211 - 3020	State Zip Code MO 63101 - 1819
c. Auditee contact Name MS. JANE E. CLOSTERMAN	c. Auditor contact Name MS. NANCY DROESCH
Title CONTROLLER	Title PARTNER
d. Auditee contact telephone (573) 882 - 2411	d. Auditor contact telephone (314) 342 - 4900
e. Auditee contact FAX (Optional) (573) 882 - 6595	e. Auditor contact FAX (Optional) (314) 342 - 1880
f. Auditee contact E-mail (Optional) CLOSTERMANJ@UMSYSTEM.EDU	f. Auditor contact E-mail (Optional)
g. AUDITEE CERTIFICATION STATEMENT - This is to certify that, to the best of my knowledge and belief, the auditee has: (1) Engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in Parts I, II, and III of this data collection form is accurate and complete. I declare that the foregoing is true and correct.	g. AUDITOR STATEMENT - The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 8, 9, and 10, was transferred from the auditor's report (s) for the period described in Part I, Items 1 and 3, and is not a substitute for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in Parts II and III of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.
Signature of certifying official Name/Title of certifying official JANE E. CLOSTERMAN/CONTROLLER	Signature of certifying official Date 3/31/2004
	Signature of certifying official Date 3/31/2004

FAC DETERMINED TYPE OF ENTITY: State-Dependent Institution of Higher Education

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