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AUDIT REPORT

Date _____ Fiscal Year _____
 Name of Unit _____ IRS EI Number _____
 Council _____ District PTA _____
 Bank Name _____ Account # _____
 Bank Address _____ City/Zip _____

Dates covered by this audit _____
Check numbers reviewed in this audit _____

BALANCE ON HAND at time of last audit _____ (date)	\$ _____
RECEIPTS since last audit	\$ _____
TOTAL	\$ _____
DISBURSEMENTS since last audit	\$ _____
BALANCE ON HAND _____ (date)	\$ _____*

BANK RECONCILIATION

Last **BANK STATEMENT** balance _____ (date) \$ _____
DEPOSITS not yet credited (**add to balance**) \$ _____
 \$ _____ \$ _____ \$ _____

CHECKS OUTSTANDING (List check number and amount)
 # _____ \$ _____ # _____ \$ _____ # _____ \$ _____
 # _____ \$ _____ # _____ \$ _____ # _____ \$ _____

TOTAL outstanding checks (**subtract from balance**) \$ _____
BALANCE in checking account _____ (date) \$ _____*
 *These lines must balance

I have verified that all tax forms, PTA- and government-required forms have been filed, if required.

The following is all that needs to be read when the auditor's report is given:

I have examined the financial records of the treasurer of _____
 PTA/PTSA and find them

- | | |
|--|-------------------------------|
| <input type="checkbox"/> correct | Audit completed _____ |
| <input type="checkbox"/> substantially correct with the following recommendations | Executive Board Adopted _____ |
| <input type="checkbox"/> partially correct more adequate accounting procedures need to be followed so that a more thorough audit report can be given | Association Adopted _____ |
| <input type="checkbox"/> incorrect | Auditor's Signature _____ |
| | Auditor's Printed Name _____ |

(Copies: unit president, secretary, and treasurer; council treasurer or auditor and district PTA treasurer or auditor as directed by the district PTA. Attach copy of tax form(s) to next level PTA, if required to file.)

Submit separate report of explanation and recommendations to executive board.
 A separate audit form must be completed for each bank account.