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### AUDIT REPORT

Date \_\_\_\_\_ Fiscal Year \_\_\_\_\_  
 Name of Unit \_\_\_\_\_ IRS EIN \_\_\_\_\_  
 Council \_\_\_\_\_ District PTA \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Acct Name \_\_\_\_\_  
 Bank Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Membership Dues Per Bylaws \$ \_\_\_\_\_  
 Total Members YTD \_\_\_\_\_ E-Members YTD \_\_\_\_\_

Dates covered by this audit \_\_\_\_\_ to \_\_\_\_\_

Check numbers reviewed in this audit \_\_\_\_\_ to \_\_\_\_\_

<b>BALANCE ON HAND</b> at date of last audit _____ (date)	\$ _____
<b>RECEIPTS</b> since last audit	\$ _____
	<b>TOTAL</b>
<b>DISBURSEMENTS</b> since last audit	\$ _____
<b>BALANCE ON HAND</b> as of _____ (date)	\$ _____ *

**BANK RECONCILIATION**

<b>BANK STATEMENT BALANCE</b> as of _____ (date)	\$ _____
<b>DEPOSITS</b> not yet credited (add to balance)	\$ _____
\$ _____ \$ _____ \$ _____	

**UNCLEARED CHECKS** (List check number and amount)

# _____ \$ _____	# _____ \$ _____	# _____ \$ _____
# _____ \$ _____	# _____ \$ _____	# _____ \$ _____

<b>TOTAL</b> uncleared checks (subtract from balance)	\$ _____
<b>BALANCE</b> in bank account as of _____ (date)	\$ _____ *

\*These lines must balance

Read the following when the auditor's report is given: I have examined the financial records of the treasurer of \_\_\_\_\_ PTA/PTSA and find them:

- correct with no recommendations.
- correct with the attached recommendations.
- substantially correct with the attached recommendations and findings.
- partially correct. More adequate accounting procedures need to be followed so that a more thorough audit report can be given.
- incorrect.

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

Date Audit Completed \_\_\_\_\_ Date Audit Reviewed by Committee \_\_\_\_\_  
 Date Executive Board Adopted \_\_\_\_\_ Date Association Adopted \_\_\_\_\_  
 Auditor's Signature \_\_\_\_\_ Auditor's Printed Name \_\_\_\_\_  
 Auditor is a qualified accountant?  Yes  No (If Yes, Audit Review Committee is not required.)  
 Definition of qualified accountant can be found in the Insurance Guide.  
 Review Committee Signature(s) \_\_\_\_\_

(Copies to: unit president, secretary, and treasurer; council treasurer or auditor and district PTA treasurer or auditor as directed by the district PTA. Attach copies of tax filings to copies provided to next level PTA.)