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AUDIT REPORT

Date _____ Fiscal Year _____
Name of Unit _____ IRS EIN _____
Council **Burbank** District PTA **First**
Bank Name _____ Account Name _____
Bank Address _____ City/Zip _____
Membership Dues Per Bylaws \$ _____
Total Members YTD _____ E-Members YTD _____
Total Members not Including TOTEM *E-Members = TOTEM members*

Dates covered by this audit _____ to _____

Check numbers reviewed in this audit _____ to _____

BALANCE ON HAND at date of last audit _____ (date) *Ending Balance on Hand from last Audit Report* \$ _____

RECEIPTS since last audit *Total Deposits from the PTAEZ Treasurer's Report* **TOTAL** \$ _____

DISBURSEMENTS since last audit *Total Disbursements from the PTAEZ Treasurer's Report* \$ _____

BALANCE ON HAND as of _____ (date) *Balance from PTAEZ* \$ _____ *

BANK RECONCILIATION

BANK STATEMENT BALANCE as of _____ (date) \$ _____

DEPOSITS not yet credited (add to balance) \$ _____

\$ _____ \$ _____ \$ _____

UNCLEARED CHECKS (List check number and amount)

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

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

TOTAL uncleared checks (subtract from balance) \$ _____

BALANCE in checking account as of _____ (date) \$ _____ *

*These lines must balance

These two lines must be the same, otherwise your audit does not 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.
- ☐ 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 _____

Revision includes Audit Review Committee info

Auditor's Signature _____ Auditor's Printed Name _____

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.)