

| AUDIT CHECKLIST Unit Name Date | | | | | | | |
|--|-----|----|--|--|--|--|--|
| DESCRIPTION | YES | NO | | | | | |
| ☐ Bylaws & Standing Rules ☐ Budget(s) ☐ Last Audit Report ☐ Ledger ☐ Checkbook register | | | | | | | |
| ☐ Cancelled checks (including voids) ☐ Authorizations for Payment ☐ Cash Verification Forms | | | | | | | |
| ☐ Bank statements, bank books and deposit slips ☐ Receipts/bills ☐ Cash receipts ☐ Executive board minutes | | | | | | | |
| ☐ Association minutes ☐ Committee reports ☐ Monthly Treasurer Report ☐ Monthly Financial Secretary Reports | | | | | | | |
| ☐ Annual Financial Report ☐ Workers' Compensation Annual Payroll Report form ☐ IRS Forms 990/990EZ/990N | | | | | | | |
| ☐ State Form 199 ☐ State Form RRF-1 | | | | | | | |
| If required: ☐ IRS Form 941 ☐ IRS Form 1099 ☐ State Form DE-6 ☐ State Form DE-542 | | | | | | | |
| Financial records provided: (Originals) Beginning Balance Records | | | | | | | |
| 1. Check to see if amount shown on first bank statement (adjusted for outstanding checks and deposits) corresponds to the | | | | | | | |
| starting balance recorded in checkbook register, ledger, treasurer's report and ending balance of last audit | | | | | | | |
| Bank Reconciliation | | | | | | | |
| All bank statements reconciled since last audit by treasurer and reviewed monthly by non-check signer | | | | | | | |
| | + | | | | | | |
| Ending balances (checkbook register, ledger and treasurer report) agree with last bank statement (adjusted for outstanding checks and deposits not posted to bank statement) | | | | | | | |
| 3. Deposits and Checks Written: (signed by two authorized check signers per the bylaws) | | | | | | | |
| a) Recorded in checkbook register | | | | | | | |
| b) Recorded in ledger in proper columns | | | | | | | |
| c) Agree with treasurer reports | | | | | | | |
| 4. Bank charges and interest recorded in checkbook register, ledger and treasurer reports | | | | | | | |
| Membership | | | | | | | |
| Amount recorded and deposited equals total number of memberships | | | | | | | |
| # (members) @ \$ (membership dues listed in bylaws) | | _ | | | | | |
| 2. Amount forwarded to council/district PTA equals total number of memberships # (members) @ \$ (amount listed in bylaws) | | | | | | | |
| Insurance – premium(s) forwarded to council/district PTA by due date | | | | | | | |
| Minutes | | | | | | | |
| All expenditures approved and recorded in executive board minutes | | | | | | | |
| (List those expenditures not approved on recommendation report) | | | | | | | |
| 2. All expenditures approved/ratified in association minutes | | _ | | | | | |
| (List those expenditures not approved on recommendation report) | | | | | | | |
| 3. Committee minutes record plans, proposed expenditures, and total of monies earned | | | | | | | |
| Authorizations for Payment (signed by secretary and president) | | | | | | | |
| 1. All authorizations written for approved amounts (List missing authorizations on recommendation report) | | | | | | | |
| All authorizations have receipt/bill attached (List missing receipts/bills on recommendation report) | | | | | | | |
| 3. Authorizations match checks written | | | | | | | |
| Income | | | | | | | |
| 1. Deposits properly supported | | | | | | | |
| 2. Cash Verification Forms used with two people counting money | | | | | | | |
| 3. Income received matches deposits recorded in checkbook register, ledger and treasurer reports | | | | | | | |
| 4. Designated income spent as specified | | | | | | | |
| Financial Secretary Reports | | | | | | | |
| 1. Filed monthly | | | | | | | |
| 2. Receipts/Deposits agree with ledger & register | | | | | | | |
| Treasurer Reports | | | | | | | |
| 1. Filed monthly | | | | | | | |
| 2. Agree with ledger and checkbook register | | | | | | | |
| 3. Annual Financial Report | | | | | | | |
| Committee Reports | | | | | | | |
| 1. Committee reports for all fundraisers submitted or report in minutes. | | | | | | | |
| Reporting Forms and Tax Returns | | | | | | | |
| 1. Verify on Audit Report that all forms have been filed annually (if required) | | | | | | | |
| Audit Reports | | | | | | | |
| 1. Audit done semiannually | | | | | | | |
| Prepare and present written report with recommendations to executive board | | | | | | | |
| 3. Present audit report to association for adoption | | | | | | | |
| 4. Forward report to the next level PTA (See Bylaws, Duties of Officers, Auditor) | | | | | | | |
| Audit Recommendations | | | | | | | |
| All "No" answers should be included in the report as recommendations to change financial procedures. | | | | | | | |
| At the completion of the audit, meet with president and financial officers to discuss recommendations and any corrections | | | | | | | |
| as needed. When errors have been corrected by a financial officer and accounts are accurate, draw a double line in red ink | | | | | | | |
| where the audit concludes on all records. Sign & date the audited materials. | | | | | | | |
| Mismanagement – Is mismanagement suspected? (Contact district PTA president immediately for assistance.) | | | | | | | |



AUDIT REPORT

| ate Fi | | | | | | | | cal Year | | |
|--|--------------|----------------|---------------------------------|---------------|---------------|---------------|----------------|-------------------|----------------|--|
| | | | | | | | | S EI Number | | |
| | | | | | | | rict PTA | | | |
| | | | | | | | | count # | | |
| nk Address | | | | | | | | | | |
| D | ates co | vered by t | his audit _ | | | | | | | |
| | | | | | | | | | | |
| В | ALANCE | ON HAND | at time of las | st audit | | (date |) | \$ | | |
| | | since last a | | | | (| , | | | |
| | | | | | | т | OTAL | \$ | | |
| Di | ISBURSE | EMENTS sin | nce last audit | | | | | \$ | | |
| В | ALANCE | ON HAND | | (da | ate) | | | \$ | * | |
| В | ANK DE | CONCILIATI | ION | | | | | | | |
| D. | | | ION EMENT balaı | nce | | (date) | | \$ | | |
| | | | et credited (ac | | | (date) | | Ψ \$ | | |
| | | • | \$ | | , | | | Ψ | | |
| | | | ANDING (List | | | | | | | |
| | | | # | | | \$ | | | | |
| | | | # | | | | | | | |
| | | | | | | | | \$ | | |
| TOTAL outstanding checks (subtract from balance) BALANCE in checking account (date) | | | | | | | \$ | * | | |
| | | | | | | *These line | s must balance | | | |
| | □ I have | e verified tha | t all tax forms | s, PTA- and g | government | -required for | ms have be | een filed, if req | uired. | |
| The followi | ing is all t | hat needs to | o be read wh | en the audit | or's report i | is given: | | | | |
| I have examined the correct | iem | e financial re | cords of the | treasurer of | | | | | PTA/PTS | |
| partial | • | t more adeq | ne following r juate account | | | be followed | d so that a | more thoroug | h audit report | |
| incorre | | | | | | | | | | |
| Audit comp | pleted _ | | | Auditor's Si | gnature | | | | | |
| Audit adop | nted | | | | | | | | | |

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