

AUDIT REPORT

Date	Fiscal Year
Name of Unit	
Council	
Bank Name	
	City/Zip
Dates covered by this audit	
	dit
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 b	
\$\$,
#\$ #\$	
#\$#\$	<i>#</i> \$
TOTAL outstanding checks (subtract	from balance) \$
BALANCE in checking account	
	*These lines must balance
	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 treasur PTA/PTSA and find them	er of
□ correct	Audit completed
□ substantially correct with the following	Executive Board Adopted
 recommendations partially correct more adequate accounting procedures need to be followed so that a more thorough audit report can be given incorrect 	Association Adopted
	Auditor's Signature
	Auditor's Printed Name

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.