Trustees Audit Report: Department of Nevada Auxiliary

Auxiliary #	District # Auxiliary Name:			
Dis	tribution of Receipts, D	isbursements, and	d Cash Balances by Fu	ınds
	20	to 20		
For Period Dated: _	Last Meetir	ig To:	Current N	/leeting
_				<u> </u>
	Cash Balance			Cash Balance
Fund	Last Report	Receipts	Disbursement <mark>s</mark>	This Report
Aux. General Fund				
Aux. Relief Fund			No vo	
	TOTALS FROM	MONEY	MONEY	
ADD YOUR	LAST	RECEIVED	SPENT	
AUX SPECIFIC	REPORT		BEFORE	
LINE ITEMS		and the same	MEETING	
			9115118	
Totals		430		
Bank Account	11-1	8		
Total Balance All				Must Agree
Funds				Widst Agree
Less Outstanding Cl	Number #_ Number #_ Number #_ Number #_ Total Outstanding Ch	\$ \$ \$ \$ \$		
				→
MUST Agree with T	otal Above: Tot	al Bank Balance	\$ Must Ag	ree
			R	
This is to certify that th	a hooks of the			
Secretary & Treasurer h		Trustees Signatures		
Found correct, and all monies accounted for.			#1	
			#2	
Date Audited: Must	Be Dated	#3		

The Treasurer must provide all Bank Statements, Account Books, Canceled Checks, & Receipt Book to Auditors for Audit to be completed. ORIGINAL Audit Report stays with Auxiliary Treasurer, Send copies to: Auxiliary Secretary, and Department Treasurer, National Bylaws 813-814.