

PTA AUDIT REPORT FORM

Fiscal Year: 20__ - 20__

Date: _____

Name of Unit _____ IRS # _____

Council Simi Valley PTA/PTSA Council District: 12th

Bank Name _____ Acct # _____

LEDGER BOOK (use ledger figures here) Check #'s reviewed in this audit _____ through _____

BALANCE ON HAND at time of **LAST AUDIT** _____ (date) \$ _____

RECEIPTS since last audit _____ to _____ \$ _____

SUBTOTAL \$ _____

DISBURSEMENTS since last audit _____ to _____ \$ _____

BALANCE ON HAND _____ (date) \$ _____ **

BANK RECONCILIATION (use bank figures here)

Last **Bank Statement** Balance _____ (date) \$ _____

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

\$ _____ \$ _____ \$ _____

CHECKS OUTSTANDING: (List check number and amount)

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

TOTAL outstanding checks (subtract from balance) \$ _____

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

**** Lines must balance**

I have examined the financial records of _____ PTA/PTSA and find them to be correct.

Audit Completed _____ (date)

Audit Adopted _____ (date)

Auditor's Signature _____

(Copies for: Unit President, Secretary, Treasurer, 2-Council,)