

PTA AUDIT/FINANCIAL REVIEW FORM (PAGE 1)



Purpose: To remain in compliance with the bylaws and in good standing.

Instructions:

- The Board of Directors must select an auditor or auditing committee no later than two weeks prior to the end of the school year. Refer to Bylaws, Article VII, Section 4.
- The treasurer shall submit to the auditor(s) all financial records and forms listed below.
- Mail completed PTA Audit/Financial Review to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366 postmarked on or before the last business day of September.

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			City
State	Zip	Email	
Cell Phone		Home Phone	

Auditor/Auditing Committee: Please complete Sections A and B.

Year 20_____ - 20_____

Section A

Please check the Financial records provided:

- | | |
|---|---|
| <input type="checkbox"/> Checkbook register | <input type="checkbox"/> Treasurer's book (also referred to as a cash book) or ledger |
| <input type="checkbox"/> All Bank statements and deposit receipts | <input type="checkbox"/> A copy of "Conducting the Audit" from this Leadership Resource |
| <input type="checkbox"/> All Cash Verification Forms and receipts | <input type="checkbox"/> The annual financial report |
| <input type="checkbox"/> All Check requests forms with receipts/bills | <input type="checkbox"/> Checkbook and cancelled checks |
| <input type="checkbox"/> All treasurer's reports | <input type="checkbox"/> Itemized statements and receipts of bills paid |
| <input type="checkbox"/> Adopted budget and approved amendments | <input type="checkbox"/> Copy of last year's audit report & filed 990 or 990N confirmation e-mail |
| <input type="checkbox"/> Copies of board, executive committee and association minutes | |
| <input type="checkbox"/> Copy of local unit bylaws | |

Section B

- Does amount shown on first bank statement (adjusted for outstanding checks and deposits) correspond to the starting balance recorded in checkbook register, ledger, treasurer's report and ending balance of last audit? Y N
- Were bank statements reconciled monthly by the treasurer and signed by another person not authorized to sign checks or related to a check signer? Y N
- Did all checks written contain two signatures (president and treasurer or one other *elected* officer)? Y N
- Were all checks properly recorded in checkbook register, ledger and with treasurer reports? Y N
- Were all bank charges and interest recorded in checkbook register, ledger and treasurer reports? Y N
- Did the PTA purchase insurance? Y N
- Were all authorizations approved by the president or their designee and contain receipts? Y N
- Did the PTA make payments by credit card or debit card? Y N
- Did the PTA use Cash Verification Forms? Y N
- Were all funds received counted by two persons with the treasurer being the third counter? Y N
- Did funds received match deposits recorded in the checkbook register ledger and treasurer reports? Y N
- Did you receive a copy of the approved/amended budget? Y N
- Was income spent according to the approve/amended budget? Y N
- Did the minutes include budget approval? Y N
- Did minutes include all budget amendments? Y N
- _____ # of memberships collected? _____ # of memberships dues submitted to the state? Y N

Please contact and return the completed audit to the new incoming treasurer.

Outgoing Treasurer's Signature _____ Date _____

Daytime Phone Number _____ Email _____

Incoming Treasurer's Name _____

Daytime Phone Number _____ Email _____

PTA AUDIT / FINANCIAL REVIEW FORM (PAGE 2)



Year 20_____ - 20_____

Date _____

PTA Name _____ LU ID # _____

Council _____ District _____

Dates covered by this audit/financial review from: _____ to: _____

1. Balance on Hand (From Date of Last Audit).....\$ _____
2. Receipts (From last audit to date of audit).....\$ _____
3. Total Cash (add 1 and 2 together).....\$ _____
4. Disbursements (From last audit to date of audit).....\$ _____
5. Balance on Hand (Date of Audit).....\$ _____
6. Bank Statement Balance as of _____ (date).....\$ _____
7. Checks Outstanding (List check number and amount)

8. Total Outstanding Checks\$ _____

9. Balance in Checking Account (Subtract line 8 from line 6).....\$ _____

Note: Amounts on line 5 and 9 should be the same.

Please check one:

- I (We) have audited the books and find them to be correct.
- I (We) have audited the books and found the following problems and/or make these suggestions.
- I (We) have audited the books and found significant problems that must be reported to the district PTA immediately for assistance.

We have attached our findings/recommendations to this form.

Auditor(s)/Reviewer(s) Signature(s) Auditor(s)/Reviewer(s) Signature(s) Auditor(s)/Reviewer(s) Signature(s)

President's Signature Treasurer's Signature Date

The auditor/auditing committee report must be in writing. If the auditing committee finds there are not adequate records or inappropriate accounting procedures used, this information should be noted.

Note: A copy of the Financial Review/Audit must be submitted to Georgia PTA by the last business day in September. Once the appropriate 990 is filed with the IRS, please submit the IRS Filing Verification form and appropriate documents to Georgia PTA.