

FINANCIAL REVIEW AUDIT REPORT

for

PTA/PTSA

For the Time Period of _____ to _____

Date of Audit Review: _____

BALANCE , (Date of last audit)	\$																		
ADD RECEIPTS (for fiscal year or date of last audit to the current time)	+ \$																		
TOTAL CASH	\$																		
SUBTRACT DISBURSEMENTS (for fiscal year or date of last audit to the current time)	- \$																		
BALANCE , (Date of end of audit period)(end of fiscal year)	\$																		
RECONCILIATION OF BALANCE ON HAND																			
BANK STATEMENT BALANCE (at end of audit period) Date: _____	\$																		
ADD DEPOSITS not yet credited by Bank	+ \$																		
SUBTRACT OUTSTANDING CHECKS*: <table style="width: 100%; margin-left: 20px;"><tr><td style="text-align: right;">Check Number</td><td style="text-align: right;">Amount</td><td></td></tr><tr><td>List Checks: No. _____</td><td style="text-align: right;">\$ _____</td><td></td></tr><tr><td>No. _____</td><td style="text-align: right;">\$ _____</td><td></td></tr><tr><td>No. _____</td><td style="text-align: right;">\$ _____</td><td></td></tr><tr><td>No. _____</td><td style="text-align: right;">\$ _____</td><td></td></tr><tr><td colspan="2" style="text-align: right;">Total Outstanding Checks</td><td style="text-align: right;">- \$ _____</td></tr></table>	Check Number	Amount		List Checks: No. _____	\$ _____		No. _____	\$ _____		No. _____	\$ _____		No. _____	\$ _____		Total Outstanding Checks		- \$ _____	
Check Number	Amount																		
List Checks: No. _____	\$ _____																		
No. _____	\$ _____																		
No. _____	\$ _____																		
No. _____	\$ _____																		
Total Outstanding Checks		- \$ _____																	
*use back of form for additional checks.																			
FINAL CHECKING ACCOUNT BALANCE on _____	\$																		

ATTACH COPY OF ANNUAL REPORT (actual expenditures compared to the approved budget showing all line items and approved adjustments)

Certification of Audit Committee: We have examined the annual report and financial records of the treasurer of _____ PTA/PTSA for the period of _____ to _____ and find them to be:

- correct
- incomplete
- substantially correct with the following adjustments (list adjustments)
- incorrect (list reasons)

Auditor's Signature

Date

Provide comments that should be brought to the attention of the PTA:

Please send or fax a copy to MD PTA at
fax #: 410-760-6344
mail to MD PTA, 5 Central Ave. Glen Burnie, MD 21061
or email to office@mdpta.org