

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 | 7-10-16 | | Local Unit ID # | 1710593 | |
| District | 12 | Council | Area 1 | | |
| Contact Person | Evelyn Shelton | | PTA Name | Area 1 Gwinnett County Council of PTA's | |
| | | | PTA Position | out going treasurer | |
| Address | 3375 Centerville Hwy # 3911 81 | | | City Snellville | |
| State | GA. | Zip | 30039 | Email | Area1treasurer2014@yahoo.com |
| Cell Phone | 678-760-8222 | | Home Phone | | |

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

Year 20 15 - 20 16

Section A

Please check the Financial records provided:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Checkbook register | <input checked="" type="checkbox"/> Treasurer's book (also referred to as a cash book) or ledger |
| <input checked="" type="checkbox"/> All Bank statements and deposit receipts | <input checked="" type="checkbox"/> A copy of "Conducting the Audit" from this Leadership Resource |
| <input checked="" type="checkbox"/> All Cash Verification Forms and receipts | <input checked="" type="checkbox"/> The annual financial report |
| <input checked="" type="checkbox"/> All Check requests forms with receipts/bills | <input checked="" type="checkbox"/> Checkbook and cancelled checks |
| <input checked="" type="checkbox"/> All treasurer's reports | <input checked="" type="checkbox"/> Itemized statements and receipts of bills paid |
| <input checked="" type="checkbox"/> Adopted budget and approved amendments | <input checked="" type="checkbox"/> Copy of last year's audit report & filed 990 or 990N confirmation e-mail |
| <input checked="" type="checkbox"/> Copies of board, executive committee and association minutes | |
| <input checked="" 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
- N/A # of memberships collected? N/A # 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 Evelyn Shelton Date 8-24-16
 Daytime Phone Number 678-760-8222 Email Area1treasurer2014@yahoo.com
 Incoming Treasurer's Name Angela Banks-Spain
 Daytime Phone Number 678-596-4805 Email Area1secretary@gmail.com

PTA AUDIT/FINANCIAL REVIEW FORM (PAGE 2)



Year 20 15 - 20 16

Date 08/17/16

PTA Name Area 1 Gwinnett County Council of PTA's LU ID # _____

Council Area 1 District 12

Dates covered by this audit/financial review from: July 1, 2015 to: June 30, 2016

| | | |
|----|--|---------------------|
| 1. | Balance on Hand (From Date of Last Audit)..... | \$ <u>5113.25</u> |
| 2. | Receipts (From last audit to date of audit)..... | \$ <u>7,750.00</u> |
| 3. | Total Cash (add 1 and 2 together)..... | \$ <u>12,863.25</u> |
| 4. | Disbursements (From last audit to date of audit)..... | \$ <u>8,482.39</u> |
| 5. | Balance on Hand (Date of Audit)..... | \$ <u>4,510.04</u> |
| 6. | Bank Statement Balance as of <u>6/30/2016</u> (date)..... | \$ <u>5,135.04</u> |
| 7. | Checks Outstanding (List check number and amount) | |
| | <u>CK# 1086 for \$500.00</u> | |
| | <u>CK# 1100 for \$ 125.00</u> | |
| 8. | Total Outstanding Checks | \$ <u>625.00</u> |
| 9. | Balance in Checking Account (Subtract line 8 from line 6)..... | \$ <u>4,510.04</u> |

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.

| | | |
|--|--|--|
| <u></u> Auditor(s)/Reviewer(s) Signature(s) | <u></u> Auditor(s)/Reviewer(s) Signature(s) | <u></u> Auditor(s)/Reviewer(s) Signature(s) |
| <u></u> President's Signature | <u></u> Treasurer's Signature | <u>8/24/16</u> Date |

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