					E' I \	Year		
			Date					
	Name of Unit Council							
Bank Name								
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ידע			E-Membe	ers fild				
tes covered by	this audit_			to				
eck numbers re	viewed in f	this audit	:		.0			
LANCE ON HAND) at date of la	ist audit		(date)		\$		
BURSEMENTS s	ince last aud	it		тс	TAL	\$ \$		
			(date)			\$	*	
	TION							
-	-	CE as of		(date)		\$		
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				¢				
# \$ # \$	#	\$ \$	#	\$ \$				
TOTAL uncleare	d checks (su	btract fror	n balance)			\$		
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Date Audit Completed	Date Audit Reviewed by Committee	
Date Executive Board Adopted	Date Association Adopted	
Auditor's Signature	Auditor's Printed Name	
Auditor is a qualified accountant? 🗌 Yes	No (If Yes, Audit Review Committee is not required.)	
Definition of qualified accountant can be	found in the Insurance Guide.	
Review Committee Signature(s)		
	ary, and treasurer; council treasurer or auditor and district PTA treasurer of ct PTA. Attach copies of tax filings to copies provided to next level PTA.)	