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FINANCIAL REVIEW REPORT

Date _____ Fiscal Year _____
 Name of Unit _____ IRS EIN _____
 Council _____ District PTA _____
 Bank Name _____ Acct Name _____
 Bank Address _____ City/Zip _____
 Membership Dues Per Bylaws \$ _____
 Total Members YTD _____ E-Members YTD _____

Dates covered by this review _____ to _____

Check numbers reviewed in this review _____ to _____

BALANCE ON HAND at date of last review _____ (date) \$ _____

RECEIPTS since last review \$ _____

TOTAL \$ _____

DISBURSEMENTS since last review \$ _____

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

BANK RECONCILIATION

BANK STATEMENT **BALANCE** as of _____ (date) \$ _____

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

\$ _____ \$ _____ \$ _____

UNCLEARED CHECKS (List check number and amount)

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

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

TOTAL uncleared checks (subtract from balance) \$ _____

BALANCE in bank account as of _____ (date) \$ _____ *

*These lines must balance

Read the following when the financial reviewer's report is given: I have examined the financial records of the treasurer of _____ PTA/PTSA and find them:

- ☐ correct with no recommendations.
- ☐ correct with the attached recommendations.
- ☐ substantially correct with the attached recommendations and findings.
- ☐ partially correct. More adequate accounting procedures need to be followed so that a more thorough financial review report can be given.
- ☐ incorrect.

Attach separate report of explanation and recommendations to executive board.

A separate financial review form must be completed for each bank account.

Date Financial Review Completed _____ Date Reviewed by Committee _____

Date Executive Board Adopted _____ Date Association Adopted _____

Financial Reviewer's Signature _____ Financial Reviewer's Printed Name _____

Financial reviewer is a qualified accountant? Yes No (If Yes, Financial Review Committee is not required.)

Definition of qualified accountant can be found in the Insurance Guide.

Review Committee Signature(s) _____

(Copies to: unit president, secretary, and treasurer; upload a copy of the report and findings as one file to the document retention system)