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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 included in this review \_\_\_\_\_ to \_\_\_\_\_

**BALANCE ON HAND** as of end of the last review period \_\_\_\_\_ (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 may 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 Review Examined by Committee \_\_\_\_\_

Date Executive Board Adopted \_\_\_\_\_ Date Association Adopted \_\_\_\_\_

Financial Reviewer's Signature \_\_\_\_\_ 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)