**Calendar Year Ending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***The following affirms that we have fulfilled the requirements of the prescribed annual audit procedures.***

**Audit Procedure Completed**

1. Verify **Cash Receipts** (for the months of \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_)
	1. Compare reports to Financial Secretary’s records \_\_\_\_\_\_\_\_\_
	2. Compare to bank statements \_\_\_\_\_\_\_\_\_
	3. Verify entries to cash receipts journal \_\_\_\_\_\_\_\_\_
2. Verify **Check Accounting** (for the months of \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_)
	1. Verity accuracy of cash disbursement documents \_\_\_\_\_\_\_\_\_
	2. Verify math accuracy \_\_\_\_\_\_\_\_\_
	3. Verify authorization of invoice payments \_\_\_\_\_\_\_\_\_
	4. Account for all checks used and/or voided \_\_\_\_\_\_\_\_\_
3. Reconcile **Bank Accounts** (for the months of \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_)
	1. Verify bank reconciliations were completed for the sampled months (Fund 1) \_\_\_\_\_\_\_\_\_
	2. Verify year-end bank statement (Fund 1) was reconciled to LCR posted income \_\_\_\_\_\_\_\_\_
	3. Verify Account 2 (Restricted Fund) is reconciled to bank year-end \_\_\_\_\_\_\_\_\_
	4. Verify Youth Account (Fund 3) is reconciled to bank year-end \_\_\_\_\_\_\_\_\_
	5. Verify Scrip Account (Fund 3) is reconciled to bank year-end \_\_\_\_\_\_\_\_\_
4. Examine **Petty Cash** as of \_\_\_\_\_\_\_\_\_\_\_\_\_ (date)
	1. Verify disbursement vouchers are appropriate \_\_\_\_\_\_\_\_\_
	2. Verify Petty Cash reimbursements were appropriate \_\_\_\_\_\_\_\_\_
	3. Verify Maximum/minimum cash level were adhered to \_\_\_NA\_\_\_
	4. Record Petty Cash on hand as of date of audit $\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
5. Document Insurance Policies are in place as needed**. Certify for each policy**

 **Policy #1 Policy #2 Policy #3**

* 1. Policy Number \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
	2. Classification of program \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
	3. Terms of coverage \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
	4. Latest payment date/length of coverage \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_
1. Verify that the Financial Back-up Plan was tested last year. ­­­­­\_\_\_\_\_\_\_\_\_

***The reverse side contains any comments/suggestions regarding either current and/or future operations.***

***Signed by Audit Committee members:***

 ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Date*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Date*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

*Name Date*