LCR Annual Audit Checklist

Calendar Year Ending: _____

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

Months Audited: Month of _____ and _____

Audit Procedure	**Completed**
1. Verify **Cash Receipts:** Compare bank statements to cash receipts journal	
a. Fund 1	_____
b. Fund 2	_____
c. Fund 3	_____
2. Verify **Check Accounting:** Verify accuracy of cash disbursements, math, invoice payments and account for all checks used and/or voided	
a. Fund 1	_____
b. Fund 2	_____
c. Fund 3	_____
3. Reconcile **Bank Accounts:** Verify bank reconciliations were completed and equals LCR posted income	
a. Fund 1: sampled months	_____
year end	_____
b. Fund 2: sampled months	_____
year end	_____
c. Fund 3: sampled months	_____
year end	_____
4. Examine **Petty Cash** as of _____ (date)	
a. Verify disbursement vouchers are appropriate	_____
b. Verify Petty Cash reimbursements were appropriate	_____
c. 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 Worker Comp	**Policy #2** Umbrella	**Policy #3** General
a. Latest payment date	_____	_____	_____
b. Term of coverage on payment	_____	_____	_____

6. 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: *Date of audit:* _____

_____ _____

Name (Auditor #1) *Name (Auditor #3)*

_____ _____

Name (Auditor #2) *Name (Auditor #4)*