LCR Annual Audit Checklist

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 _____)
   a. Compare reports to Financial Secretary's records _____
   b. Compare to bank statements _____
   c. Verify entries to cash receipts journal _____

2. Verify **Check Accounting** (for the months of _____ and _____)
   a. Verity accuracy of cash disbursement documents _____
   b. Verify math accuracy _____
   c. Verify authorization of invoice payments _____
   d. Account for all checks used and/or voided _____

3. Reconcile **Bank Accounts** (for the months of _____ and _____)
   a. Verify bank reconciliations were completed for the sampled months (Fund 1) _____
   b. Verify year-end bank statement (Fund 1) was reconciled to LCR posted income _____
   c. Verify Account 2 (Restricted Fund) is reconciled to bank year-end _____
   d. Verify Youth Account (Fund 3) is reconciled to bank year-end _____
   e. Verify Scrip Account (Fund 3) is reconciled to bank year-end _____

4. Examine **Petty Cash** as of _____ (date)
   a. Verify disbursement vouchers are appropriate _____
   b. Verify Petty Cash reimbursements were appropriate _____
   c. Verify Maximum/minimum cash level were adhered to NA
   d. 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**	
a. Policy Number	_____	_____	_____	_____
b. Classification of program	_____	_____	_____	_____
c. Terms of coverage	_____	_____	_____	_____
d. Latest payment date/length of coverage	_____	_____	_____	_____

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:

_____ _____
Name *Date*

_____ _____
Name *Date*

_____ _____
Name *Date*