

PTA FINANCIAL REVIEW REPORT FORM

Fiscal Period July 1 to June 30



PTA/PTSA Name _____ PTA District # _____

Address _____ Date ____ / ____ / ____

Please complete this form in its entirety. Lines #5 and #9 should be the same numbers.

1. Beginning Balance on Hand <i>(as of July 1, beginning of fiscal year)</i>	\$.
2. Total Receipts <i>(all income/deposits from date of last audit to date of current audit)</i>	+ \$.
3. Total Cash Received this Fiscal Year	= \$.
4. Total Disbursements <i>(all payments/withdrawals from date of last audit to date of current audit)</i>	- \$.
5. CURRENT BALANCE ON HAND <i>(as of June 30, end of fiscal year)</i>	= \$.

6. Last Bank Statement Balance <i>(as of June 30, end of fiscal year)</i>	\$.
7. Total Checks Outstanding <i>(list check numbers and amounts on back if necessary)</i>	- \$.
8. Total Deposits Made Since Statement <i>(list dates and amounts on back if necessary)</i>	+ \$.
9. Fiscal Year End Balance in Checking/Savings Accounts	= \$.

Reviewed by and Date(s) when Financial Review Performed:

Reviewed by (One CPA or 3 Other Reviewers)

1) _____
Please print name _____ Signature _____

Date ____ / ____ / ____ Email _____

2) _____
Please print name _____ Signature _____

Date ____ / ____ / ____ Email _____

3) _____
Please print name _____ Signature _____

Date ____ / ____ / ____ Email _____

We have examined the books of the Treasurer of _____ PTA/PTSA
 and have found them to be:

Correct **Incomplete** **Incorrect** **Substantially correct** (with the following adjustments).
 Use back of page to provide more information.

This report should be presented to the local unit board by a member of the Financial Review Committee. The presiding officer should then call for the appropriate action.