



# Audit Report Form

Name of PTA/PTSA or Council \_\_\_\_\_ Region \_\_\_\_\_

This audit is for the \_\_\_\_\_ fiscal PTA/PTSA year.

(For most PTAs/PTSAs this will be July 1, \_\_\_ through June 30, \_\_\_. Check your bylaws if unsure.)

- |   |    |  |
|---|----|--|
| 1. Beginning Balance (as of last date covered by last audit)  | \$ |  |
| 2. Income (total receipts from the beginning to the end of the period covered by this audit)        | \$ |  |
| 3. Total Cash (add number 1 and number 2)   | \$ |  |
| 4. Expenses (total disbursements from the beginning to the end of the period covered by this audit) | \$ |  |
| 5. Ending Balance (subtract number 4 from number 3)   | \$ |  |
| 6. Bank Statement Balance (for last month covered by this audit)                                    | \$ |  |
| 7. Checks Outstanding   |    |  |
|   |    |  |
|   |    |  |
|   |    |  |
|   |    |  |
|   |    |  |

Total Checks Outstanding      \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

8. Bank Account Balance (Subtract number 7 from number 6)

Date of Audit: \_\_\_\_\_

We have examined the books of \_\_\_\_\_ PTA/PTSA for the financial year \_\_\_\_\_ and find them to be: (Please choose one)

Correct     
  Incomplete     
  Incorrect

Substantially correct with the following adjustments:

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Auditors' Signature:

Audit Committee Chair \_\_\_\_\_ (or professional auditor) Phone # \_\_\_\_\_

2. (Member) \_\_\_\_\_ Phone # \_\_\_\_\_

3. (Member) \_\_\_\_\_ Phone # \_\_\_\_\_

**Please include telephone numbers for all auditors.**

**Copy and submit completed Audit Report Form(s) for all checking and savings accounts to the Tennessee PTA by November 1.**

**Tennessee PTA, 1905 Acklen Avenue, Nashville, TN 37212, 615 383-9741**

**This report should be presented to the PTA/PTSA at its first general meeting following the audit.**