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:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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.