



**AUDIT REPORT**

Name of PTA/PTSA \_\_\_\_\_ City \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Date of Audit \_\_\_\_\_

1. Balance at end of Fiscal Year \$ \_\_\_\_\_

2. Bank Statement Balance (for last month covered by this audit) \$ \_\_\_\_\_

3. Checks Outstanding (#, \$)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

4. Bank Account Balance (Subtract line 3 from line 2) \$ \_\_\_\_\_

(Lines 1 and 4 must balance)

The following is all that needs to be read when the auditor's report is given:

I have examined the financial records of the treasurer of \_\_\_\_\_ PTA/PTSA and find them

- Correct
- Substantially correct with the following recommendations \_\_\_\_\_
- Partially correct, more adequate accounting procedures need to be followed so that a more thorough audit report can be given
- Incorrect

**Auditor's Signature:**

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

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

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

Submit a copy of the completed Audit Report to the MA PTA by Nov 15 at 405 Waltham St., #147, Lexington, MA 02421