



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