



# Audit Report Form

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

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

(For most PTAs/PTSAAs 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 15.**

**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.**