PTA FINANCIAL REVIEW CHECKLIST Fiscal Period July 1 to June 30



PTA/PTSA Name	PIAL	oistrict #	
Address	Date _	/	/
Please complete this form in its entirety. Explain all "NO" respons	ses on back of pa	ige.	
General Questions	Number	YES	NO
Does the PTA unit have its IRS employer identification number (EIN)?			
Does the PTA unit have South Carolina Sales Tax Exemption?	#8506		
Does the PTA unit have liability and bonding insurance?			
Income		YES	NO
Was all the income properly allocated and categorized in accordance with the	budget?		
Did each deposit slip match the bank statement, the checkbook and the total in	ncome of the unit?		
Expenditures		YES	NO
Were all expenditures properly allocated and categorized in accordance with the budget?			
Is there a proper bill or voucher for each expenditure?	<u> </u>		
Was each expenditure a part of the budget?			
Internal Revenue Service		YES	
A completed 990 form was sent to the IRS by November 15 each year. Copy t	o State Office.		
Checks/Banking		YES	NO
Were all checks properly signed by authorized unit officers?			
Were all checks sequentially numbered?			
Were all checks/disbursements accounted for?			
Were all bank statements properly reconciled on a monthly basis by the treasure	urer?		
Budgets/Reports		YES	NO
Is there an approved motion in the minutes for the budget?			
Did the treasurer submit regular written financial reports?			
Were the financial records maintained in an orderly manner?			
Reviewed by (One CPA or 3 Other Reviews)			
1) Please print name Signature			
Date			
2)Please print name Signature			
Date / / Email			
3) Please print name Signature			
Date Email			
Please submit with the Financial Review Committee Report, a cop			

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