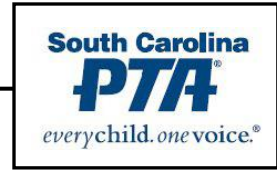


# PTA FINANCIAL REVIEW REPORT FORM

## Fiscal Period July 1 to June 30



PTA/PTSA Name \_\_\_\_\_ PTA District # \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please complete this form in its entirety. Lines #5 and #9 should be the same numbers.**

<b>1. Beginning Balance on Hand</b> <i>(as of July 1, beginning of fiscal year)</i>	\$ .
<b>2. Total Receipts</b> <i>(all income/deposits from date of last audit to date of current audit)</i>	+ \$ .
<b>3. Total Cash Received this Fiscal Year</b>	= \$ .
<b>4. Total Disbursements</b> <i>(all payments/withdrawals from date of last audit to date of current audit)</i>	- \$ .
<b>5. CURRENT BALANCE ON HAND</b> <i>(as of June 30, end of fiscal year)</i>	= \$ .

<b>6. Last Bank Statement Balance</b> <i>(as of June 30, end of fiscal year)</i>	\$ .
<b>7. Total Checks Outstanding</b> <i>(list check numbers and amounts on back if necessary)</i>	- \$ .
<b>8. Total Deposits Made Since Statement</b> <i>(list dates and amounts on back if necessary)</i>	+ \$ .
<b>9. Fiscal Year End Balance in Checking/Savings Accounts</b>	= \$ .

**Reviewed by and Date(s) when Financial Review Performed:**

Reviewed by (One CPA or 3 Other Reviewers)

1) \_\_\_\_\_  
Please print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

2) \_\_\_\_\_  
Please print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

3) \_\_\_\_\_  
Please print name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

We have examined the books of the Treasurer of \_\_\_\_\_ PTA/PTSA  
 and have found them to be:

**Correct**     **Incomplete**     **Incorrect**     **Substantially correct** (with the following adjustments).  
 Use back of page to provide more information.

**This report should be presented to the local unit board by a member of the Financial Review Committee. The presiding officer should then call for the appropriate action.**