

Support Organization Financial Audit

School: _____

Support Organization (Legal) Name: _____

Doing Business As (DBA) Name: _____

Fiscal Year: _____

Financial Institution: _____

Account Number: _____

Federal Tax Identification Number: _____

Beginning Book Balance as of 07/01/20 _____		\$	-	
				<hr/>
Total Receipts	\$	-		
Other Income	\$	-		
				<hr/>
Total Income				+ <hr/>
Total Disbursements	\$	-		
Other Expenses	\$	-		
				<hr/>
Total Expenses				- <hr/>
				<hr/>
Ending Book Balance as of 06/30/20 _____		= \$	-	<hr/> <hr/>

Check financial records for the following:

	YES	NO
Have all Federal, State and Local tax returns and required reports been filed accurately and in a timely manner? (e.g. 990, 941, W-2, 1099, Uniform Business Report, etc.) Please attach copies	_____	_____
Are all expenses reasonable and within the operating budget?	_____	_____
Do all checks have supporting documentation such as an invoice or receipt?	_____	_____
Do all check have the required two signatures?	_____	_____
Are all invoices marked "paid"?	_____	_____
Do all Reimbursements have a signed receipt on file?	_____	_____
Are all checks recorded in a journal/spread sheet with an explanation?	_____	_____
Are all deposits recorded in a journal/spread sheet with an explanation?	_____	_____
Are all deposits are made in a timely manner?	_____	_____
Are bank statements mailed directly to the school?	_____	_____
Are all bank statements for the fiscal year available and reconciled?	_____	_____
Is a copy of the Support Organization's Agreement on file and up to date?	_____	_____
Are copies of the Quarterly Reports available for review?	_____	_____
Has there been a change in Officers during the fiscal year? If yes, please detail in an attachment	_____	_____
Was a Bank Confirmation form properly documented and turned into the school bookkeeper?	_____	_____

Questions/Comments/Concerns (attach additional pages if needed):

This is to certify the financial records for the above support organization have been examined by the Audit Committee. We are concluding all disbursements appear to be properly made with the required authorization and all income/receipts appear to be recorded and accounted for properly. Any financial concerns we have regarding this support organization have been listed above. We also certify the ending book balance listed is correct.

Audit Committee:

Signature	Name (Printed)	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Audit submitted to Principal:
