**Audit Report Form**

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

This audit is for the **2020** fiscal PTA/PTSA year.

For most units this will be July 1, 2019 through June 30, 2020

or from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ if your year is different

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 (circle one) or 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 Massachusetts PTA by November 15,2020**

**Massachusetts PTA, 405 Waltham Street, #147, Lexington, MA 02421, 617-861-7910**

**This report should be presented to your PTA/PTSA at its first general meeting following the audit.**

# Massachusetts

