**Audit Report Form**

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

This audit is for the **2025** fiscal PTA/PTSA/SEPTA/Council year.

For most units this will be July 1, 2024, through June 30, 2025

or from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ if your fiscal 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/SEPTA/Council (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, 2025**

**Massachusetts PTA, ℅ Karen DeRoche, PO Box 44, Rehoboth, MA 02769 or email the form to** [**info@masspta.org**](mailto:info@masspta.org)

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