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Non-Signer Review of Monthly Bank Statement

Name of PTA/PTSA: _____

Date statements reviewed: _____

Bank statement date: _____

Account reviewed (checking, savings, PayPal, etc.) _____

I verify that I have reviewed the bank statement and account transactions. I have found that:

- All deposits correlate with cash count forms from fundraisers/events
- All expenses have receipts that correlate with debit card transactions and written checks
- Bank statement and financial reports/accounting programs align

During this review, I specifically looked for the following items of concern:

- Checks appearing in non-sequential order
- Checks made out to "cash"
- Checks made payable to non-approved vendors
- Checks written for non-approved expenses
- Missing check numbers
- ATM/Debit/Electronic transfers
- Checks made out to an individual for an even dollar/cent amount (ex. \$20.00)
- Online bill payments

Were any items of concern noted: Yes No

If any of these items of concern were noted, please provide rationale:

Who was contacted with this concern? _____ Date: _____

Printed name of reviewer

Signature

Date of review