Financial Review Form

PTA/PTSA NAME	
PTA/PTSA EIN# (TAX ID)	
FISCAL YEAR REVIEWED	
REVIEW PERIOD DATES	
DATE REVIEW CONDUCTED	

BANKING RECORDS **ITEM**	**PROVIDED (YES/NO)**	**NOTES**
BANK STATEMENTS		
CHECK REGISTER		
DEPOSIT RECORD/SLIPS		
VOIDED CHECKS		
ONLINE BANKING REPORTS		

FINANCIAL RECORDS **ITEM**	**PROVIDED (YES/NO)**	**NOTES**
TREASURER REPORTS		
APPROVED ANNUAL BUDGET		
RECEIPTS/INVOICES		
DISBURSEMENT FORMS		
LEDGER/SPREADSHEET		
CASH COUNT FORMS		

GOVERNANCE RECORDS (COPY OF) **ITEM**	**PROVIDED (YES/NO)**	**NOTES**
MEETING MINUTES		
BYLAWS		
STANDING RULES		
PREVIOUS FIN. REV. REPORT		
IRS/STATE FILINGS		

REVIEW CHECKLIST

Financial Review Form

ITEM	PROVIDED (YES/NO)	NOTES
DEPOSITS MATCHED INCOME RECORDS		
DEPOSITS MADE TIMELY		
FUNDRAISER INCOME VERIFIED		
TWO PEOPLE COUNTED CASH		
ONLINE BANKING REPORTS		
EXPENSES APPROVED IN MINUTES AND BUDGET		
RECEIPTS/INVOICES ATTACHED		
CHECKS PROPERLY DOCUMENTED		
TWO AUTHORIZED SIGNERS USED		
NO CHECKS PAYABLE TO "CASH"		

BANK RECONCILIATION ITEM	PROVIDED (YES/NO)	NOTES
MONTHLY RECONCILIATIONS COMPLETED		
ENDING BALANCES MATCHED RECORDS		
OUTSTANDING ITEMS REVIEWED		

BUDGET COMPLIANCE ITEM	PROVIDED (YES/NO)	NOTES
SPENDING ALIGNED WITH APPROVED BUDGET		
SIGNIFICANT VARIANCES EXPLAINED		

FINANCIAL SUMMARY (AS OF PREV. REVIEW END DATE)	
DATE OF LAST REVIEW	
BEGINNING BALANCE	$
TOTAL INCOME (RECEIPTS)	$
TOTAL EXPENSES	$
ENDING BALANCE	$

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OUTSTANDING DEPOSITS			
DATE	**DESCRIPTION**	**BUDGET LINE**	**AMOUNT**
		TOTAL	

OUTSTANDING PAYMENTS			
DATE	**DESCRIPTION**	**BUDGET LINE**	**AMOUNT**
		TOTAL	

BANK ACCOUNT SUMMARY			
TOTAL OUTSTANDING DEPOSITS	**+$**		**AS OF (END DATE OF CURRENT REVIEW)**
TOTAL OUTSTANDING PAYMENTS	**-$**		**AS OF (END DATE OF CURRENT REVIEW**
ADJUSTED BANK BALANCE	**=$**		**SHOULD MATCH ENDING BALANCE FROM FINANCIAL SUMMMARY**

FINDINGS

☐ ADEQUATE

☐ NEEDS IMPROVEMENT

☐ SIGNIFICANT CONCERN

Financial Review Form

COMMENTS:

_____
_____
_____

RECOMMENDATIONS:

_____
_____
_____
_____
_____
_____
_____

FINAL REVIEW STATUS

☐ RECORDS APPEAR ACCURATE AND COMPLETE

☐ RECORDS MOSTLY CORRECT WITH RECOMMENDATIONS NOTED

☐ FOLLOW-UP OR CORRECTIVE ACTION REQUIRED

FINANCIAL REVIEW COMMITTEE

COMMITTEE MEMBERS CERTIFY THEY ARE NOT AUTHORIZED SIGNERS ON THE PTA BANK ACCOUNT(S) FOR THE REVIEWED PERIOD, AND THAT THIS REVIEW WAS COMPLETED TO THE BEST OF THEIR KNOWLEDGE.

PRINTED NAME	SIGNATURE	DATE

TREASURER ACKNOWLEDGMENT

I CERTIFY THAT ALL REQUESTED RECORDS WERE PROVIDED FOR REVIEW

TREASURER NAME: _____

SIGNATURE: _____