PTA FINANCIAL REVIEW REPORT FORM

PTA/PTSA Name _____ PTA District #_____ PTA Council _____

Address _____ Date ____/____/____

Please complete this form in its entirety.

Beginning Balance on Hand *(final balance as of the date of the last audit)*	**$.**
Total Receipts *(all income/deposits from date of last audit to date of current audit)*	**+ $.**
Total Cash Received this Fiscal Year	**= $.**
Total Disbursements *(all payments/withdrawals from date of last audit to date of current audit)*	**– $.**
CURRENT BALANCE ON HAND *(beginning balance plus all revenue less all expenditures)*	**= $.**

Last Bank Statement Balance	**$.**
Total Checks Outstanding *(list check numbers and amounts on back if necessary)*	**– $.**
Total Deposits Made Since Statement *(list dates and amounts on back if necessary)*	**+ $.**
Today's Balance in Checking/Savings Accounts	**= $.**

Date(s) and Time(s) Financial Review Performed:

Date ____/____/____ Time _____ AM/PM to _____ AM/PM

Date ____/____/____ Time _____ AM/PM to _____ AM/PM

Date ____/____/____ Time _____ AM/PM to _____ AM/PM

We have examined the books of the Treasurer of _____ PTA/PTSA and have found them to be:

❑ **Correct** ❑ **Incomplete** ❑ **Incorrect** ❑ **Substantially correct** **(with the following adjustments)**

_____

_____

_____

Reviewed by: 1) _____ _____
Please print name Signature

2) _____ _____
Please print name Signature

3) _____ _____
Please print name Signature

This report should be presented to the local unit board by a member of the Financial Review Committee. The presiding officer should then call for the appropriate action.

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