Tennessee PTA®
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Audit Report Form

Name of PTA/PTSA or COUNCIL _____Region_____

This audit is for the _____fiscal PTA/PTSA year.

(For most PTAs/PTSAs this will be July 1, ___ through June 30, ___. Check your bylaws if unsure.)

1. Beginning Balance (as of last date covered by last audit) $_____
2. Receipts (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. Disbursements (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 for the financial year

_____ and find them to be: (Please choose one) _____Correct _____Incomplete _____Incorrect

Substantially correct with the following adjustments: _____

_____

_____

Auditor's Signature: Audit Committee Chair _____ (or professional auditor)

2. (Member) _____ 3. (Member) _____

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

Submit Completed Audit Report Form to the Tennessee PTA by September 1st.

Mail this report to Tennessee PTA, 1905 Acklen Avenue, Nashville, TN 37212

Name of PTA/PTSA _____ Region_____ Council_____

Dates Covered by this Audit _____ Date of Audit _____

We have examined the books of _____ PTA/PTSA and find them to be: (please choose one) _____ Correct _____ Incomplete _____Incorrect

Substantially Correct with the following adjustments: _____

_____.

Signatures: Audit Committee Chair (or professional auditor) _____and

2. (Member) _____ 3. (Member) _____

Please include telephone numbers for all auditors.