

**AUDIT FORM
LEGION OF MARY
ARLINGTON SENATUS**

Council Name: _____

Date of last audit: _____

Treasurer: _____

Two auditors verify:

Y N

- | | | |
|---|--------------------------|--------------------------|
| 1. Transactions reviewed (income & expenses) were recorded properly in the ledger | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bank deposits reviewed match to a corresponding deposit ticket | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Monies paid out (including reimbursements) were for the legion's behalf and matched to a corresponding sales slip or reimbursement slip. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Council has a commercial checking account (not a Credit Union) in it's name | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. All monthly bank statements are present and reconciled. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Statements contain all canceled checks and/or facsimile. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Copies of bank records (signature cards) reflect that all officers have access to the account and signature authority and the reviewed canceled checks display two signatures. | <input type="checkbox"/> | <input type="checkbox"/> |

Auditors comments should explain any "no" found above:

AUDITORS:

Printed Name

Printed Name

Signature

Date

Signature

Date

**Keep this completed form on file and forward a copy to:
Arlington Senatus
6121 Lincolnia Road, Suite 406
Alexandria, VA 22312**