

TRUSTEES' REPORT OF AUDIT of

The Books and Records of the Quartermaster and Adjutant of: _____

Post No.

District

Department of **Arizona** for the Fiscal Quarter ending: _____

FISCAL QUARTERS:

Month

Year

Jan1 to March31

April1 to June30

July1 to Sept30

Oct1 to Dec31

FUNDS	Net Cash Balances at Beginning of Quarter	Receipts During Quarter	Expenditures During Quarter	Net Cash Balance at End of Quarter
1. National and Department Dues (Per Capitia Tax)				
2. Admission or Application Fees (Department)				
3. Post General Fund				
4. Post Relief Fund (Poppy Profits, Donations, etc.)				
5. Post Dues Reserve Fund (See Sec. 218, Manual of Procedure)				
6. Post Home Building Fund (Including Savings but Not Real Estate)				
7. Post Canteen or Club Fund				
8.				
9.				
10.				
11. Bonds and Investments Not Credited to Funds				
12. TOTALS:				

13. OPERATIONS	14. RECONCILIATION OF FUND BALANCES
a. Have required payroll deductions been made? _____	Checking Account Balance _____
b. Have payments been made to the proper State and Federal agencies this quarter? _____	Less Outstanding Checks _____
c. Have sales taxes been collected and paid? _____	Actual Balance _____
d. Are club employees bonded? _____	Savings Account Balance _____
e. Amount of outstanding bills. _____	Cash on Hand _____
f. Value of Real Estate. _____	Total _____
g. Amount of liability insurance. _____	Bonds and Investments (cost value) _____
h. Owed on Mortgages and Loans. _____	Total _____
i. Value of Personal Property. _____	
j. Amount of Property Insurance. _____	
	15. TRUSTEES' AND COMMANDER'S CERTIFICATE OF AUDIT
	Date: _____

This is to verify the we (or qualified accountants) have audited the books and records of the Adjutant and Quartermaster of:

_____ for the Fiscal Quarter ending _____

_____ in accordance of the National

Number/Name

Month

Year

By-Laws and that this Report is a true and correct statement thereof to the best of our knowledge and belief. All vouchers and Checks have been examined and found to be properly countersigned:

Post Quartermaster: _____

Name

Signed: _____

Trustee

Signed: _____

Trustee

Signed: _____

Trustee

Address

This is to certify that the office of the Office of the Quartermaster is bonded with _____ in the amount of _____ until _____, and that this Audit is correctly made out to the best of my knowledge and belief.

****Your Bond Must be Greater than the Total of Box 14****

Signed: _____

Commander

NOTE: Forward Original Copy to your Department Quartermaster.