Statement of Financial Review

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DUE:
November 1

A review of the PTA unit's financial books must be performed annually and when bank account signers change.
Either a CPA or a minimum of 3 non-account signers are required to perform a Financial Review.
*(*Non-signers of the year being reviewed must not be a relative or reside with a signer.)*

Name of PTA Unit: | **City:**

Council Name: | **Region:**

Name and Email to contact in case of questions:

Review Period **from** (date) **to** (date)

Use separate form for each bank account.

Balance on Hand at the Start of Review Period *(per books)*	**A**	
Receipts during Review Period *(per books)*	**B**	
Total Cash (A+B=C)	**C**	
Disbursements during Review Period *(per books) (input as a negative number)*	**D**	
Balance on Hand at the End of Review Period (C-D=E)	**E**	
Bank Statement Balance at the End of the Review Period	**F**	

(attach a copy of this Bank Statement to this Form)

Outstanding Checks: *(Use the back of this form if necessary)*

Date	Check Number	Amount

Outstanding Checks Total	**G**	
Outstanding Deposits Total	**H**	$ -
Reconciled Account Balance (F-G+H=I) *(must equal E)*	**I**	

Date of Financial Review:

I have examined the books recorded by this PTA's Treasurer, named:

and find them to be *[circle one]* (a) correct, (b) incomplete, or (c) substantially correct with the following adjustments:

Reviewer Names and Signatures (CPA or 3 non account signers required):

(Printed Name) | (Printed Name) | (Printed Name)

(Signature) | (Signature) | (Signature)

If CPA, CPA License # from State of