

Audit Report

VFW Auxiliary # _____ District # _____ Date: _____

Quarter _____ Please Mark Which: _____ Send Audit To: _____

January 1-March 31	5/31/2024
April 1-June 30	8/31/2024
July 1-September 30	11/30/2024
October 1-December 31	2/28/2025

Kasey Osborn, Dept. Treasurer
410 E Dustman Rd
Bluffton, IN 46714
osborn.kassandra@gmail.com (260) 273-9571

<u>Fund Name</u>	<u>Balance Last Report</u>	<u>Receipts</u>	<u>Disbursements</u>	<u>Balance This Report</u>
General Fund	\$	\$	\$	\$
Dept & National Dues	\$	\$	\$	\$
Relief	\$	\$	\$	\$
Other Funds	\$	\$	\$	\$
Provide Names of fund	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Funds Total:	\$	\$	\$	\$
Savings & CD's	\$	\$	\$	\$
Total All Funds	\$	\$	\$	\$
Checking Bank Statement Balance This Report:				\$
Deposits in Transit:				\$
Less Outstanding Checks This Report:				\$
Total Checking Balance This Report:				\$

Funds Total & Total Checking Balance This Report MUST Match

List Outstanding Checks:

<u>Check #</u>	<u>Amount</u>	<u>Check #</u>	<u>Amount</u>	<u>Total Outstanding</u>
				\$

This is to certify that the books and records of the Treasurer and Secretary have been audited and all money is properly accounted for. Audited Date: _____

Trustee #1 _____

Trustee #2 _____

Trustee #3 _____

Items to be Audited: Treasurer's Ledger/Computer Records, All Bank Statements, Cancelled Checks, Checkbook, Secretary's Minutes. Please sign those items. Make 4 copies of this Audit and give to President, Secretary, Treasurer, and #1 Trustee. **Send Original to Department Treasurer**

In case of error, please return to:

Name: _____ PH# _____

Address: _____

City, ST, Zip: _____