**Audit Checklist**

Name of Organization: Your Organization’s Name

Name of Treasurer: Treasurer’s First & Last Name

Period Audit Covers: Period the Audit Covers

**Administration**

 Is insurance in place? o Yes o No

**Budget**

 Is there an approved motion in the minutes for the budget? o Yes o No

**Banking**

 Were all transactions properly categorized according to budget? o Yes o No

 Is there an invoice/bill/receipt for each expenditure? o Yes o No

 Were all expenditures part of the budget? o Yes o No

 Are all checks sequentially numbered & accounted for

 *(including voided checks)*? o Yes o No

 Were all bank reconciliations completed? o Yes o No

 Were there 2 signatures on all checks? o Yes o No

 Are Treasurer’s Reports on file *(for each month)*? o Yes o No

 Balance on hand at year end: $ Dollar amount

**IRS**

 Was the 990/N/EZ filed for the previous financial year? o Yes o No

 Gross income: $ Dollar amount

 Who’s responsible for filing the 990/N/EZ this year? First & last name of individual

 *All IRS 990 forms are due 4-1/2 months after the close of your financial year)*

Explain any responses checked “NO”:

Audit Date: Date

Name & Signature, Reviewer 1

Name & Signature, Reviewer 2

Name & Signature, Reviewer 3