**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