**Financial Review Checklist**

Name of Organization

Name of Treasurer

Period Financial Review 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 $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Gross income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Who’s responsible for filing the 990/N/EZ this year?

Explain any responses checked “NO”:

Financial Review Date By

 By

 By