

# Audit Form

**QUARTERLY**

**AUXILIARY**

Auxiliary Name and Number \_\_\_\_\_ Grand \_\_\_\_\_

For Period of \_\_\_\_\_ Through \_\_\_\_\_

Fund	Old Balance	Received (+)	Disbursed (-)	New Balance (=)
General				
Per Capita				
National Home				
S.P.S.P.				
Scholarship				
Total General				
Hospital				
Savings/CD's				
<b>Total</b>				<b>(1)</b>

Outstanding Checks \_\_\_\_\_ Bank Statement \_\_\_\_\_ **(2)**

Number	Amount	Outstanding Deposits (+)	
# _____	\$ _____	Outstanding Checks (-)	_____
# _____	\$ _____	Check Book Balance (=)	_____
# _____	\$ _____	Cash On Hand: (+)	_____
# _____	\$ _____	Savings/CD's (+)	_____
# _____	\$ _____	Book Total (=)	_____ <b>(3)</b>
<b>Total</b>	\$ _____	<b>TOTALS (1) &amp; (3) MUST AGREE</b>	

We find the books of the Secretary and Treasurer

In proper order as Audited on \_\_\_\_\_ Due Dates Jan – Mar by April 15

Trustee 1 \_\_\_\_\_ Due Dates Apr – June by July 15

Trustee 2 \_\_\_\_\_ Due Dates July – Sept by Oct 15

Trustee 3 \_\_\_\_\_ Due Dates Oct – Dec by Jan 15

Auxiliary - Send Copy to Grand Treasurer as soon as books are audited.

Grand – Send Copy to Supreme Treasurer as soon as books are audited.

Auxiliary not in a Grand – Send Copy to Supreme Treasurer as soon as books are Audited.