



TRUSTEES' REPORT OF AUDIT of

The Books and Records of the Quartermaster and Adjutant of _____ (District/County Council/Post No.)

Department of _____ for the Fiscal Quarter ending _____, 20 _____

FISCAL QUARTERS: **Jan 1 to March 31** **April 1 to June 30** **July 1 to Sept. 30** **Oct 1 to Dec. 31**

FUNDS:	Net Cash Balances at Beginning of 9. Quarter		Receipts During Quarter 10.		Expenditures During Quarter 11.		Net Cash Balances at End of Quarter 12.	
1. National and Department Dues (Per Capita Tax)	\$		\$		\$		\$	
2. Admission or Application Fees (Department)								
3. Post General Fund								
4. Post Relief Fund (Poppy Profits, Donations, etc.)								
5. Post Home or Building Fund (Including Savings but Not Real Estate)								
6. Post Canteen or Club Fund								
7. Other								
8. Bonds and Investments Not Credited to Funds								
13. TOTALS:	\$		\$		\$		\$	
							14.	

16. RECONCILIATION OF CASH & INVESTMENTS

OPERATIONS	
Have required payroll deductions been made?	_____
Have payments been made to the proper State and Federal agencies this quarter?	_____
Have sales taxes been collected and paid?	_____
Are club employees bonded?	_____
Amount of outstanding bills	\$ _____
Value of Real Estate	\$ _____
Amount of liability insurance	\$ _____
Owed on Mortgages and Loans	\$ _____
Value of Personal Property	\$ _____
Amount of Property Insurance	\$ _____

General Fund Checking Account	
Ending Balance Per Bank Statement	\$ _____
Less: Outstanding Checks	_____
Plus: Deposits in Transit	_____
Account Balance	_____
Other Checking Accounts (if applicable)	
Ending Balance Per Bank Statement	\$ _____
Less: Outstanding Checks	_____
Plus: Deposits in Transit	_____
Account Balance	_____
Savings Account Balance	_____
Cash on Hand	_____
Total Cash	_____
Bonds and Other Investments	_____
Total Cash and Investments	\$ _____

17. TRUSTEES' AND COMMANDER'S CERTIFICATE OF AUDIT

Date _____, 20 _____

This is to certify that we (or qualified accountants) have audited the books and records of the Adjutant and Quartermaster of _____ (District/County Council/Post No.) for the Fiscal Quarter ending _____ in accordance of the National By-Laws and that this Report is a true and correct statement thereof to the best of our knowledge and belief. All Vouchers and Checks have been examined and found to be properly approved and checks properly countersigned:

Post Quartermaster _____
(Name)

(Address)

Signed: _____ Trustee
Signed: _____ Trustee
Signed: _____ Trustee

This is to certify that the Office of the Quartermaster is bonded with _____ in the amount of \$ _____ until _____, 20 _____, and that this Audit is correctly made out to the best of my knowledge and belief.

Signed: _____ Commander

NOTE: Forward Original (Blue) Copy to your Department Quartermaster - See instructions on reverse side of both Yellow and Blue Copies.