



QUARTERLY AUDIT REPORT CHECKLIST

Senior Trustee—Please complete this checklist and send with EVERY Audit. Please ensure that every thing on this checklist accompanies the Audit.

All items on the checklist must accompany the Audit, including this Checklist.

Auxiliary Number _____ District Number _____

Checklist

Treasurer's Bank Reconciliation

Last Bank Statement of the Quarter (Complete Statement)

Actual Audit

Trustees:

The Audit can be faxed, emailed or mailed to me at the following:

Jackie Kimball, Department Treasurer

1019 Queen Avenue

Salisbury, MD 21801

410-219-3449 (Fax)

jackie.kimball@comcast.net

410-749-9511 (Telephone—Landline)

***Please note the Bank Reconciliation does not have to be completed on the form provided in this package. If you want to complete on another form, please do so.**

AUXILIARY—DISTRICT AUDIT WORKSHEET

RECEIPTS				
MONTH				TOTALS
GENERAL FUND				
RELIEF FUND				
TOTALS				

DISBURSEMENTS				
MONTH				TOTALS
GENERAL FUND				
RELIEF FUND				
TOTALS				



DEPARTMENT OF MARYLAND VFW AUXILIARY



For the Period of: _____ Through: _____

Auxiliary Name and Number: _____

FUND	OLD BALANCE	(+) RECEIVED	(-) DISBURSED	NEW BALANCE
General	\$	\$	\$	\$
Relief (must have)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Totals	\$	\$	\$	\$ ⁽¹⁾

Outstanding Checks:

#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
#	\$
Total	\$

Treasurer's Book Balance \$ _____ ⁽²⁾

Bank Statement: \$
 Plus Deposits: \$ (Since Statement)
 Plus Cash: \$ (On Hand)
 Minus Checks: \$ (Outstanding)

Total Balanced Statement: \$

Savings and/or CD: \$

ITEMS 1, 2 AND 3 SHOULD ALL AGREE IN TOTAL AMOUNTS

MAIL TO: Jackie Kimball, PDP
 Treasurer Dept. of MD VFW AUX
 1019 Queen AVE
 Salisbury, MD 21801
 jackie.kimball@comcast.net
 410-219-3449 FAX

We audited the books of the Secretary and Treasurer and found correct as audited on this date.

Date: _____

Trustee #1

Trustee #2

Trustee #3

1ST Quarter Audit—Jan/Feb/Mar Due by April 30Th
2ND Quarter Audit—Apr/May/Jun Due by July 30Th
3RD Quarter Audit—Jul/Aug/Sep Due by October 30Th
4TH Quarter Audit—Oct/Nov/Dec Due by January 30Th

You need three (3) copies of the Audit Report for: Senior Trustee, Auxiliary Secretary and a copy to be mailed to the Department Treasurer. **YOU MUST ALSO INCLUDE A COPY OF YOUR LAST BANK STATEMENT, INCLUDING THE RECONCILIATION PAGE FOR THE DEPARTMENT TREASURER ALONG WITH THE AUDIT CHECKLIST.**

REVISED 10012022

GENERIC BANK RECONCILIATION

For Month of:

Ending Bank Balance:	Amount	Ending Checkbook Balance:	Amount
	\$		\$
Outstanding Deposits			
Date	Amount		
	\$	Add Interest	Amount
	\$		
	\$		
Total Outstanding Deposits	\$	Less Bank Service Charges	Amount
Bank Error -/+	\$		\$
Outstanding Checks			
Check Number	Amount	Adjusted Checkbook Balance	Amount
	\$		\$
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total Outstanding Checks	\$		
Adjusted Bank Balance	\$		