

VFW AUXILIARY - DEPT OF WISCONSIN AUDIT REPORT

AUXILIARY NO. _____ DISTRICT NO. _____ FOR CALENDAR YEAR _____

Please Circle which Quarterly Audit is being submitted:

QUARTER	PERIOD COVERED	AUDIT COMPLETED	APPROVED AUDIT SENT	DEPT TREASURER BY
1ST	Jan 1 - March 31			May 31
2ND	Apr 1 - June 30			Aug 31
3RD	July 1-Sept 30			Nov 30
4TH	Oct 1-Dec 31			Feb 28

DISTRIBUTION OF RECEIPTS, DISBURSEMENTS AND CASH BALANCE BY FUND

FUND	CASH BALANCE LAST REPORT	RECEIPTS	DISBURSEMENTS	CASH BALANCE THIS REPORT
Auxiliary General Fund				
Dept/Natl Dues (Restricted)				
Cancer Ins. (Restricted)				
Aux Relief Fund (Restricted)				
Kitchen/Bingo Fund				
Other				
SUB-TOTAL				
TOTALS:				
Savings Account/CD's				
TOTAL BALANCE				

Bank Balance as shown on Bank Statement \$ _____

PLUS OUTSTANDING DEPOSITS \$ _____

LESS AMOUNT OF OUTSTANDING CHECKS \$ _____

Total Adjusted Bank Balance: \$ _____

This is to certify that the books and records of the Treasurer and Secretary have been audited, found correct, and all money properly accounted for. This is when read at meeting MUST HAVE APPROVED DATE: _____	TRUSTEES SIGNATURES: (MUST BE AT LEAST 2) #1 _____ #2 _____ #3 _____ AUDITED THIS DATE: _____	DISTRIBUTION: Original to: Auxiliary Secretary after the Senior Trustee has read and Auxiliary approves. Copy to: Auxiliary Treasurer Must mail a copy to Department Treasurer: FAITH ELFORD, DEPT SECY/TREASURER 1414 MONTCLAIR PL FORT ATKINSON, WI 53538
---	--	---

-THESE BOXES MUST MATCH

