

## 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 TO	DEPT TREASURER BY
1ST	July 1 - Sept 30			Nov. 30
2ND	Oct 1-Dec 31			Feb. 28
3RD	Jan 1 - March 31			May 31
4TH	Apr 1 - June 30			Aug 30

**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				

<b>Bank Balance as shown on Bank Statement</b>	\$ _____
<b>PLUS OUTSTANDING DEPOSITS</b>	\$ _____
<b>LESS AMOUNT OF OUTSTANDING CHECKS</b>	\$ _____
<b>Total Adjusted Bank Balance:</b>	\$ _____

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.  <b>APPROVED DATE:</b> _____	<b>TRUSTEES SIGNATURES: (MUST BE AT LEAST 2)</b> #1 _____ #2 _____ #3 _____  <b>AUDITED THIS DATE:</b> _____	<b>DISTRIBUTION:</b> Original to: Auxiliary Secretary after the Senior Trustee has read and Auxiliary approves.  <b>Copy to: Auxiliary Treasurer</b>  Must mail a copy to Department Treasurer: <p style="text-align: center;"><b>LENORE OTTO</b>                  1383 W. WISCONSIN AVE                  OCONOMOWOC, WI 53066</p>
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