



# 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				
<b>13. TOTALS:</b>	\$	\$	\$	<b>14.</b> \$

15. 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 _____	\$

16. RECONCILIATION OF CASH & INVESTMENTS	
<b>General Fund Checking Account</b>	
Ending Balance Per Bank Statement	\$ _____
Less: Outstanding Checks	_____
Plus: Deposits in Transit	_____
Account Balance	_____
<b>Other Checking Accounts (if applicable)</b>	
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.**