

FINANCIAL REVIEW CHECKLIST FORM

Period: _____ to _____

GENERAL INFORMATION

1. Name of institution(s) where account(s) are kept, type of account & account number(s):

- 1. _____
- 2. _____
- 3. _____

2. Names of individuals authorized to sign checks on the account(s):

- 1. _____
- 2. _____
- 3. _____

ACCOUNTING PROCEDURES

- 1. Is an estimated budget submitted and approved at the beginning of the year? Yes No
- 2. Are all incoming funds banked promptly and regularly? Yes No
- 3. Are funds disbursed as authorized? Yes No
- 4. Do dispersed checks match requests for payment? Yes No
- 5. Are accurate records kept of all income and expenses? Yes No
- 6. Are the bank statements reconciled each month? Yes No
- 7. Are discrepancies between records noted and reconciled? Yes No
- 8. Is a Treasurer's report given to the board at each meeting? Yes No
- 9. Are the IHC dues paid on time? Yes No
- 10. Are the IHC bills paid on time? Yes No
- 11. Are the appropriate IRS forms (990) submitted (if necessary)? Yes No
- 12. Are accurate records kept of Youth Fund disbursements & remaining balances? Yes No

This review of the _____ records was accomplished by:

Member: _____ Date: _____
Print name & signature

Member: _____ Date: _____
Print name & signature

Member: _____ Date: _____
Print name & signature

Annotate remarks and recommendations on the back of this document.