

WISCONSIN VFW AUXILIARY **Fillable Audit Form**

Instructions:

Skip to Form

This is an interactive “Fillable” form. It can be downloaded to your computer and will run with **Adobe ® Reader**.

The form is NOT interactive when displayed in a browser online. Please download it before attempting to fill it in.

When printing a completed version, simply print only the form itself by selecting that page to print. You do not need to print these instructions each time.

Enter the information at the top of the page, then “check” the box next to the quarter being prepared for audit.

The cursor will move from field to field by using the <TAB> key on your keyboard.

On each line, begin by entering the correct STARTING AMOUNT from the previous quarter.

- 1.) Next enter the receipts for that line item.
- 2.) In the third box, enter the disbursement amount, using a Minus Sign (-).
- 3.) The CASH BALANCE in the right-hand column will compute automatically.

Repeat this process for each line, including the Savings Account.

Enter the checkbook balance from your Bank Statement where indicated.

Next, enter any outstanding deposits (not reflected on your bank statement).

Finally, using a Minus Sign (-) enter the total of any outstanding checks that are not yet reflected on your bank statement. This should equal your Sub-Total line.

- To save your work and come back to it later, use the **SAVE AS** button.
- To print a final copy, use **PRINT FORM**.
- To clear the form and start over, use the **RESET FORM** button.

*If you prefer to do the form entirely by hand, without any calculation assistance, please download and use the **BLANK** version of this form.*

VFW AUXILIARY AUDIT REPORT

AUXILIARY NO. _____ DISTRICT NO. _____ FOR CALENDAR YEAR **20**_____

Please Check which Quarterly Audit is being submitted:

QUARTER	PERIOD COVERED	MAIL TO	DEPT TREASURER BY
1ST	July 1 - Sept 30		Oct. 31
2ND	Oct 1-Dec 31		Jan. 31
3RD	Jan 1 - March 31		Apr 30
4TH	Apr 1 - June 30		Jul 31

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				
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.	TRUSTEES SIGNATURES: (MUST BE AT LEAST 2)	DISTRIBUTION:
	#1 _____	Original to: Auxiliary Secretary after the Senior Trustee has read
	#2 _____	Copy to: Auxiliary Treasurer
	#3 _____	Must mail a copy to Department Treasurer:
AUDITED THIS DATE: _____		LENORE OTTO 1383 W. WISCONSIN AVE OCONOMOWOC, WI 53066