

VFW AUXILIARY AUDIT REPORT

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

Please Circle 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: \$ _____

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