

## Audit Report 2024 - 2025

### Distribution of Receipts, Disbursements and Cash Balance by Fund

Audits are to be completed by: **1<sup>st</sup> Qtr-April 30** (Jan 1 – March 31), **2<sup>nd</sup> Qtr-July 31** (Apr 1 – June 30), **3<sup>rd</sup> Qtr-October 31** (July 1 – Sept 30), **4<sup>th</sup> Qtr-January 31** (Oct 1 – Dec 31) Additional 30 days are allowed for audit to be accepted by auxiliary and sent to the Department Treasurer.

(If you have a Bingo/Raffle Account, please file a separate audit for that account)

VFW AUXILIARY TO POST \_\_\_\_\_ DISTRICT \_\_\_\_\_

FOR THE PERIOD \_\_\_\_\_ TO \_\_\_\_\_

**\*\*Treasurer must have all bank statements, cancelled checks, savings account books, and ledger books available to audit committee\*\***

FUND	CASH BALANCE LAST REPORT	RECEIPTS (+)	DISBURSEMENTS (-)	CASH BALANCE THIS REPORT (=)
1. Auxiliary General Fund	\$ _____	\$ _____	\$ _____	\$ _____
2. Dept & Natl Dues	\$ _____	\$ _____	\$ _____	\$ _____
3. Auxiliary Relief Fund	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____
8. TOTAL (Lines 1 thru 7)	\$ _____	\$ _____	\$ _____	\$ _____ *
9. Savings Account or CD	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL BALANCE – All Funds including Savings Account (Line 8 + Line 9).....				\$ _____
Bank Balance as shown on Bank Statement.....				\$ _____
Plus, Deposits not shown on Bank Statement _____			Total Amount \$ _____	
Less Outstanding Checks _____			Total Amount \$ _____	
TOTAL ADJUSTED BANK BALANCE (This line MUST agree with Line 8) .....				\$ _____ *

THIS IS TO CERTIFY THAT THE BOOKS OF THE SECRETARY AND TREASURER HAVE BEEN AUDITED, FOUND CORRECT, AND ALL MONEYS PROPERLY ACCOUNTED FOR. THIS ALSO CERTIFIES THAT A BOND IS HELD ON THE AUXILIARY PRESIDENT AND AUXILIARY TREASURER WITH \_\_\_\_\_ IN THE AMOUNT OF \$ \_\_\_\_\_ THAT EXPIRES ON \_\_\_\_\_

DATE OF AUDIT \_\_\_\_\_

DATE 990 RETURN WAS ACCEPTED \_\_\_\_\_

DATE AUDIT ACCEPTED BY AUX VOTE \_\_\_\_\_

Trustee Signatures:

1 Copy for the Auxiliary Secretary

#1 \_\_\_\_\_

1 Copy for the Auxiliary Treasurer

#2 \_\_\_\_\_

1 Copy for Auxiliary #1 Trustee

**MAIL OR EMAIL ORIGINAL TO:**

**Cindy Anderson, Dept. Treasurer**  
**8281 Clay St. Unit A**  
**Westminster, CO 80031**  
**codept.treasurer@gmail.com**

#3 \_\_\_\_\_

President's Signature \_\_\_\_\_