Monthly Audit Checklist

Month being audited: _________________________ Year: ____________

This Audit form must be completed monthly by someone who is not a signer on any of our accounts. The treasurer can complete it if they are not a signer. If the treasurer is a signer, someone else must review the books monthly.

Check all items included for review:

☐ Board Meeting Minutes
☐ General Meeting Minutes (if one held)
☐ Financial Report
☐ Bank Statement
☐ Bank Reconciliation
☐ All Deposits made this month
☐ All checks written this month
☐ Signed and completed Audit Report
☐ Other ________________________________

If any items above were missing, explain why here:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Checklist – Circle Y for Yes and N for No

Y or N   Do all checks have two signatures?
Y or N   Do all checks have supporting documentation of expenses?
Y or N   Was cash counted by two people for each deposit (not related or living in the same household)?
Y or N   Were deposits made timely?
Y or N   Was the Bank account(s) reconciled accurately?
Y or N   Are all items within the budget?

Explain any answers that are marked N above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Are the books as a whole for this month? (check one)

☐ Correct
☐ Incomplete
☐ Substantially correct with the following adjustments

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Review Completed by: (must not be a signer on the account)

Name: ______________________________ Phone/Email: ______________________________
Signature: __________________________________ Date: ______________________

Attach this form to the bank reconciliation and file with all supporting documents for the month.