

Veterans of Foreign Wars of the United States Auxiliary

Sample Auxiliary Audit Form Instructions

<u>Line</u>	<u>Description</u>
A	Auxiliary Number
B	District Number Auxiliary belongs to (if applicable)
C	Department Auxiliary belongs to
D	Beginning date of time period covered by audit (i.e. January 1, 20XX)
E	Ending date of time period covered by audit (i.e. March 31, 20XX)
1	Beginning General Fund balance. Also the ending General Fund balance from prior audit (line #34 from last audit report).
2	Beginning Dept. & Nat'l Dues balance. Also the ending Dept. & Nat'l Dues balance from prior audit (line #35 from last audit report).
3	Beginning Restricted balance. Also the ending Restricted balance from prior audit (line #36 from last audit report).
4	Beginning Relief Fund balance. Also the ending Relief Fund balance from prior audit (line #37 from last audit report).
5	Sum of lines 1 through 4. Also line #38 from the last audit report.
6	Beginning balance of Other Funds (i.e. hospital). Also the ending Other balance from prior audit (line #39 from last audit report). May enter 0.00 if Auxiliary does not have "Other" Funds.
7	Beginning balance of Other Funds . Also the ending Other balance from prior audit (line #40 from last audit report). May enter 0.00 if Auxiliary does not have "Other" Funds.
8	Beginning balance of Other Funds . Also the ending Other balance from prior audit (line #41 from last audit report). May enter 0.00 if Auxiliary does not have "Other" Funds.
9	Sum of lines 5 through 8. Also the ending Other Total balance from prior audit (line #42 from last audit report).
10	Beginning balance of Savings. Also the ending Savings balance from prior audit (line #43 from last audit report).
11	Sum of lines 9 through 10. Also line #44 from the last audit report. Beginning cash balance.
12	Total of all the money received for the General Fund during the audit period.
13	Total of all the money received for Department & National dues during the audit period.
14	Total of all the money received for this restricted fund during the audit period. This money is restricted and will only be paid out for the intention in which it was collected.
15	Total of all the money received for the Relief Fund during the audit period.
16	Sum of lines 12 through 15.
17	Total of all the money received for the "Other" Fund listed during the audit period.
18	Total of all the money received for the "Other" Fund listed during the audit period.
19	Total of all the money received for the "Other" Fund listed during the audit period.
20	Sum of lines 16 through 19.
21	Total of all money received for Savings. This would include any interest earned.
22	Sum of lines 20 through 21. All money deposited during the audit period.

Veterans of Foreign Wars of the United States Auxiliary Sample Auxiliary Audit Form Instructions

<u>Line</u>	<u>Description</u>
23	Total of all money disbursed from the General Fund during the audit period.
24	Total of all money disbursed for Department & National dues during the audit period. Should equal amount sent to Department Treasurer.
25	Total of all money disbursed for restricted fund during the audit period.
26	Total of all money disbursed from the Relief Fund during the audit period.
27	Sum of lines 23 through 26.
28	Total of all money disbursed from the "Other" Fund listed during the audit period.
29	Total of all money disbursed from the "Other" Fund listed during the audit period.
30	Total of all money disbursed from the "Other" Fund listed during the audit period.
31	Sum of lines 27 through 30.
32	Total of all money disbursed from Savings during the audit period.
33	Sum of lines 30 through 31. All money disbursed during the audit period (checks written).
34	Sum of line 1 plus line 12 minus line 23.
35	Sum of line 2 plus line 13 minus line 24.
36	Sum of line 3 plus line 14 minus line 25.
37	Sum of line 4 plus line 15 minus line 26.
38	Sum of line 5 plus line 16 minus line 27. Should equal the sum of lines 34 through 37.
39	Sum of line 6 plus line 17 minus line 28.
40	Sum of line 7 plus line 18 minus line 29.
41	Sum of line 8 plus line 19 minus line 30.
42	Sum of line 9 plus line 20 minus line 31. Should equal the sum of lines 38 through 41.
43	Sum of line 10 plus line 21 minus line 32.
44	Sum of line 11 plus line 22 minus line 33. Should equal the sum of lines 42 through 43. Ending cash balance of all funds.
45	Ending bank balance as shown on the bank statement at the end of the audit period.
46	Check number of each outstanding check that had not cleared the bank as of the last bank statement during the audit period.
47	Amount of each outstanding check that had not cleared the bank as of the last bank statement during the audit period.
48	Sum of all outstanding checks that had not cleared the bank as of the last bank statement during the audit period.
49	Sum of line 45 minus line 48.
50	Date of each outstanding deposit that had not cleared the bank as of the last bank statement during the audit period.
51	Amount of each outstanding deposit that had not cleared the bank as of the last bank statement during the audit period.
52	Sum of all outstanding deposits that had not cleared the bank as of the last bank statement during the audit period.
53	Sum of line 49 plus line 52.

**Veterans of Foreign Wars of the United States Auxiliary
Sample Auxiliary Audit Form Instructions**

<u>Line</u>	<u>Description</u>
54	Date the audit was conducted. (i.e. 04/15/20XX)
55	Signatures and date of signatures of elected Trustees.

**VFW AUXILIARY POST NO. __ (A) __ DISTRICT __ (B) __ DEPARTMENT __ (C) __
 DISTRIBUTION OF RECEIPTS, DISBURSEMENTS, AND CASH BALANCE BY FUND**

FOR PERIOD OF _____ (D) _____ TO _____ (E) _____

FUND	CASH BALANCE LAST REPORT	RECEIPTS	DISBURSEMENTS	CASH BALANCE THIS REPORT
General Fund	\$ 1	\$ 12	\$ 23	\$ 34
Dept. & Nat'l Dues	\$ 2	\$ 13	\$ 24	\$ 35
Restricted (i.e. Cancer Insur)	\$ 3	\$ 14	\$ 25	\$ 36
Relief Fund	\$ 4	\$ 15	\$ 26	\$ 37
TOTALS	\$ 5 = Lines 1+2+3+4	\$ 16 = Lines 12+13+14+15	\$ 27 = Lines 23+24+25+26	\$ 38 = Lines 34+35+36+37
Other (i.e. Cancer Aid)	\$ 6	\$ 17	\$ 28	\$ 39
Other (i.e. National Home)	\$ 7	\$ 18	\$ 29	\$ 40
Other	\$ 8	\$ 19	\$ 30	\$ 41
TOTALS	\$ 9 = Lines 5+6+7+8	\$ 20 = Lines 16+17+18+19	\$ 31 = Lines 27+28+29+30	\$ 42 = Lines 38+39+40+41
Savings Account	\$ 10	\$ 21	\$ 32	\$ 43
Total Balance -- All Funds Including Savings Account	\$ 11 = Line 9+10	\$ 22 = Lines 20+21	\$ 33 = Lines 31+32	\$ 44=Lines 42+43

BANK STATEMENT RECONCILIATION

Bank balance as shown on bank statement

\$ _____ 45

Less Outstanding checks:

Check Number	_____ 46	\$ _____ 47
Check Number	_____ 46	\$ _____ 47
Check Number	_____ 46	\$ _____ 47
Check Number	_____ 46	\$ _____ 47

Subtotal:

Total Amount of Outstanding Checks: \$ _____ 48 \$ _____ 49

Plus Outstanding deposits:

Date	_____ 50	\$ _____ 51
Date	_____ 50	\$ _____ 51

Total Amount of Outstanding Deposits: \$ _____ 52

Total Adjusted Bank Balance

\$ _____ 53

THIS IS TO CERTIFY THAT THE BOOKS OF THE SECRETARY
 AND TREASURER HAVE BEEN AUDITED, FOUND CORRECT,
 AND ALL MONEYS PROPERLY ACCOUNTED FOR.

TRUSTEES: (sign & date)

_____ 55

_____ 55

_____ 55

DATE AUDIT WAS CONDUCTED _____ 54 _____

VFW AUXILIARY TO POST NO. ____ DISTRICT ____ DEPARTMENT ____
DISTRIBUTION OF RECEIPTS, DISBURSEMENTS, AND CASH BALANCE BY FUND

FOR PERIOD OF _____ TO _____

FUND	CASH BALANCE LAST REPORT	RECEIPTS	DISBURSEMENTS	CASH BALANCE THIS REPORT
General Fund	\$ _____	\$ _____	\$ _____	\$ _____
Dept. & Nat'l Dues	\$ _____	\$ _____	\$ _____	\$ _____
Restricted (i.e. Cancer Insur)	\$ _____	\$ _____	\$ _____	\$ _____
Relief Fund	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Other (i.e. Cancer Aid)	\$ _____	\$ _____	\$ _____	\$ _____
Other (i.e. National Home)	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____	\$ _____
Total Balance -- All Funds Including Savings Account	\$ _____	\$ _____	\$ _____	\$ _____

BANK STATEMENT RECONCILIATION

Bank balance as shown on bank statement \$ _____

Less Outstanding checks:

Check Number _____ \$ _____
 Check Number _____ \$ _____
 Check Number _____ \$ _____
 Check Number _____ \$ _____

Total Amount of Outstanding Checks: \$ _____

Subtotal: \$ _____

Plus Outstanding deposits:

Date _____ \$ _____
 Date _____ \$ _____

Total Amount of Outstanding Deposits: \$ _____

Total Adjusted Bank Balance \$ _____

THIS IS TO CERTIFY THAT THE BOOKS OF THE SECRETARY
 AND TREASURER HAVE BEEN AUDITED, FOUND CORRECT,
 AND ALL MONEYS PROPERLY ACCOUNTED FOR.

TRUSTEES: (sign & date)

DATE AUDIT WAS CONDUCTED _____

