

Support Group Monthly / Quarterly Audit Checklist

Support Group Name: _____

Month(S) being submitted: _____

FOR SUPPORT GROUP REFERENCE ONLY

X to indicate provided

1. Original bank statement _____
2. Meeting minutes, agenda, sign-in sheet, and treasurer's report.
(No longer needed: Monthly Self-Assessment form and printed bank reconciliation) _____
3. Documents and backup for ALL checks and deposits listed
on the bank statement. _____
4. All backup documentation (donation forms, pre-sale forms, flyers,
tampered evident bags, raffle tickets, deposit logs, copies of
checks and profit checks, etc.) for the month's activity. _____
5. Printout of approved budget for the start of the school year. _____
6. Completed Check Request-Reimbursement forms and Deposit
forms with appropriate backup documentation. _____