

# Suggested Checklist For Audit Of NARFE Chapter Funds

## General Information

1. Name of Chapter: \_\_\_\_\_ Chapter number: # \_\_\_\_\_
2. Name of bank or credit Union where account is kept: \_\_\_\_\_  
Is this institution Federally insured? Yes \_\_\_ No \_\_\_ . If not account should be moved to a Federally insured Institution, preferably in an interest-bearing account.
3. Name of account: \_\_\_\_\_
4. Identity of account (Number): \_\_\_\_\_
5. Names of individuals authorized to sign checks on the account: Two individuals should be authorized.  
1. \_\_\_\_\_ 2. \_\_\_\_\_
6. Do checks need to be counter signed? Yes \_\_\_ No \_\_\_  
If yes, names of individuals authorized to counter sign checks.  
1 \_\_\_\_\_ 2. \_\_\_\_\_  
(Should not be either of the individuals authorized to sign the checks in 5 above)

Note: Questions 4, 5, and 6 above should be obtained from the bank or Credit Union where the funds are kept.

## Income

1. Are all chapter funds received promptly deposited in bank or credit union account?  
Yes \_\_\_ No \_\_\_
2. Chapter and Federation dues are received from National with a listing of the dues.  
Yes \_\_\_ No \_\_\_
3. Other funds, such as kitty collections and other donations are promptly recorded and deposited into the account. Yes \_\_\_ No \_\_\_

## Disbursements

1. Are funds disbursed as authorized by the chapter president or other officers as specified in the chapter's bylaws and policies? Yes \_\_\_ No \_\_\_ If not, what action was taken to obtain authorization for the disbursement  
\_\_\_\_\_
2. Has \$4.00 per capita dues been remitted promptly to the Federation Treasurer when received from the National office? Yes \_\_\_ No \_\_\_ If not, what action should be taken by the chapter to insure this is done:  
\_\_\_\_\_

## Other Items

1. Are accurate records kept of all chapter income and expenses? Yes \_\_\_ No \_\_\_
2. Is a financial report prepared and presented each Month? Yes \_\_\_ No \_\_\_
3. Are the financial records and bank statements reconciled each month? Yes \_\_\_ No \_\_\_

This review of Chapter # \_\_\_\_\_ records was accomplished by:

Member: \_\_\_\_\_ Date \_\_\_\_\_

Member: \_\_\_\_\_ Date \_\_\_\_\_

Note: Audits can be any two members of the chapter except the Treasurer, who should provide all necessary records and any assistance that should be required to conduct the audit.

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