

Chapter Audit Report

Chapter Name _____

Chapter No. _____

Federal ID #: _____

Audit Quarter/Year _____

Financial Assets

Bank Statement Reconciliation. See last month's bank statement(s).

Checking	\$ Amount	\$ Total
Balance Beginning of Quarter	_____	_____
Add Deposits / Interest	_____	
Subtract Expenditures	_____	
Stmt Balance End of Quarter	_____	_____
Add Deposits in Transit	_____	
Subtract Outstanding Checks	_____	
CheckBook/QBs Balance	A	_____
Outstanding NSF Checks	_____	
Bank Charges	_____	

Savings

Balance Beginning of Quarter	_____	
Add Deposits / Interest	_____	
Subtract Withdrawals	_____	
Balance End of Quarter	B	_____

CD

Balance Beginning of Quarter	_____	
Add Deposits / Interest	_____	
Subtract Withdrawals	_____	
Balance End of Quarter	C	_____

Other / Bingo

Balance Beginning of Quarter	_____	
Add Deposits / Interest	_____	
Subtract Expenditures	_____	
Balance End of Quarter	D	_____

Total Assets A+B+C+D _____

Liabilities (outstanding bills to be paid)

Moose Int'l (see Statement of Accounts)	_____
Moose Charities (Endowment Fund)	_____
Recorder (Compensation)	_____
Payroll Tax	_____
Other (e.g., recurring bills, etc)	_____

Donations (made during the quarter)

Endowment	_____
Form 114	_____
Scholarship & Maintenance Fund	_____
Mooseheart Activity Center	_____
Moose Charities	_____
Lodge	_____
Community Service	_____

Membership

Updates

Total

Membership Totals from LCL Web	
Starting membership May 1st	_____
Enrolled this quarter	_____
Active	_____
Expired	_____
Dropped	_____

Communications

Yes / No /

chapter#####@mooseunits.org < 100 Mb?	_____
Chapter activities / meetings posted?	_____
# of Board of Officers' meetings held (min of 3)	_____
# of Chapter meetings held (min of 3)	_____
# monthly reports to be submitted	_____

Reports

Date / NA

Date Form 166 submitted	_____
Date Form 114 submitted	_____
Date Monthly Forms read on Chapter Floor	_____
IRS 990/990EZ/990N filed (On or before Sept. 15)	_____
IRS 940/941/944 filed (All audits)	_____

Audit Committee & Officer Signatures:

_____ (Audit Chairman)

_____ (Audit Committee)

_____ (Audit Committee)

_____ (Senior Regent)

_____ (Treasurer)

Three (3) or more signatures required

Email this report to: _____ Date Prepared _____

wotmmail@mooseintl.org

or Fax to: (630) 966-2211

on or before the **15th day of**

August, November, February and May

_____ Date Submitted to WOTM