

Chapter Audit Report

Chapter Name _____ Chapter No. _____
 Federal ID #: _____ Audit Month - 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 _____
 AAA Project at Moosehaven _____
 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 _____ Date Submitted to WOTM _____

on or before the **15th day of**
August, November, February and May