

Quarterly 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 Outstanding Checks	_____	
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)	_____
Treasurer (Compensation)	_____
Payroll Tax	_____
Other (e.g., recurring bills, etc)	_____

Donations (made during the quarter)

Endowment	_____
Form 114	_____
Scholarship & Maintenance Fund	_____
WOTM Headquarters Project	_____
Moose Charities other	_____
Lodge	_____
Community Service	_____

Membership

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

	Yes/ No / 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
on or before the 15th day of		to WOTM
August, November, February and May		