

BPTO INTERNAL AUDIT REPORT FORM

MANDATORY DOCUMENTATION

- _____ Copy of Bank Statement ending JUNE 30TH (MUST BE COMPLETE JUNE STATEMENT- not available until July 1st)
- _____ Copy of Annualized Treasurer Report – July 1st through June 30th and copy of Final Budget with Actual Income and Expenses for the year included.
 - documentation that validates lines 1 through 5 from page 1
 - must show all deposits flowing INTO balance and checks / debits flowing OUT of balance
(Electronic check register will provide this information. Quicken/Excel printout of checkbook register including starting and ending balance, with debit/credit & balance columns totaled at the bottom needs to be submitted for entire July 1 – June 30)
- _____ Verify that Line 5, page 2 (Register Balance as of June 30th) EQUALS line 5, page 1 (Balance on Hand)
- _____ Completed Square/PayPal/Other Sales Report (page 5) with supporting documentation from Square/Paypal/Other (These are reports you can print out from Square/Paypal)
- _____ Completed BPTO Internal Audit Report Form (including signatures) pages 1 – 5

NOTE: Please contact your principal to verify if PTO received any checks/invoices for 2022-2023 in the mail once the school year ended. Please try to obtain these items before completing the audit. Any income earned and/or expense that occurred during the 2022-2023 fiscal year must be accounted for in 2022-2023 reports regardless of when received, deposited, or paid. If you have any questions, please contact the BPTO Treasurers – BentonvilleptoTreasurer@gmail.com or BentonvilleptoTreasurerElect@gmail.com

All Audits must be completed and submitted by July 17th.

**Mail to/drop off this form and the above documentation to
(Do not send binder - give binder to incoming Treasurer):**

Bentonville Public School Administration Office

ATTN: BPTO Treasurer

500 Tiger Blvd.

Bentonville, AR 72712

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AUDIT OVERVIEW

Member PTO School: _____

Total # of Voting Members: _____

Estimated Volunteer Hours for all Members: _____

1. Beginning Check Register Balance – as of July 1st: \$_____
(if different, please contact BPTO Treasurer)
2. + Total Receipts (7/1 through 6/30): \$ _____
(total deposits and credits)
3. = Total Cash (Line 1 PLUS Line 2): \$ _____
4. - Total Disbursements (7/1 through 6/30): \$ _____
(total checks and debits)
5. = Balance on Hand (Line 3 MINUS Line 4) as of June 30th: \$ _____
Note: This should match your check register balance and may differ from the June 30th Arvest bank statement if account has any outstanding item (checks/deposits).

OVERVIEW

6. Fundraising: INCOME Total \$ _____ EXPENSE Total \$ _____
(Actual YTD budget line totals for all fundraising activities)
7. + Membership: INCOME Total \$ _____ EXPENSE Total \$ _____
(Actual YTD budget line totals for all membership activities, including Membership Booster)
8. + Total Interest from Arvest: \$ _____
(Sum of all interest received from Arvest, if received, if not then put \$0)
9. + Other: INCOME Total \$ _____
(Any other YTD income not included in any of the above)
10. = Total INCOME: \$ _____ (Sum of Income from Line 6 through Line 9)
(should equal total receipts on line 2 above)

Square/PayPal (must complete Square/PayPal annual summary sheet on page 5):

Gross Sales Total \$ _____ **Fees Total** \$ _____ **Net Sales Total** \$ _____
(Equals total from all Square/PayPal transactions for the year from the summary sheet on page 5)

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If carrying over a larger remaining balance, what are the funds earmarked for/or will be used for:

Any explanations for abnormalities in the budget and/or financial reporting requirements: (ex: lack of 2 signatures, monthly PTO meeting cancelled, events postponed, deficit in actual budget line items, etc):

(continue on back if needed)

Last check number written before July 1: _____

Reconciliation Report

Member PTO School: _____

1. Ending Bank Balance as of **June 30th**: \$ _____
(from June 30, 2023 Arvest Statement)
2. - Outstanding Checks Total (listed below): \$ _____

<u>Item Outstanding</u>	<u>Check #</u>	<u>\$ of Check</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

3. = Total of Line 1 MINUS Line 2 \$ _____
4. + Outstanding Deposits Total (listed below): \$ _____

<u>Item Outstanding</u>	<u>Date</u>	<u>\$ of Deposit</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. = Check Register Balance as of June 30th: \$ _____
(Total of Line 3 PLUS Line 4 - may not match June 30th bank statement if have outstanding items)

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Member PTO School: _____ Date of Audit: _____

(Co) President: _____ Phone #: _____

(Co) President: _____ Phone #: _____

(Co) Treasurer: _____ Phone #: _____

(Co) Treasurer: _____ Phone #: _____

AUDIT COMMITTEE

We, the _____ PTO Audit Committee, have reviewed and approved the Treasurer's records for the _____ school year.

- ☐ Reviewed canceled checks to ensure two signatures are included on each check by Authorized Signatories of the PTO. Ensure the payee does not match the signatories noted on cancelled check. Account for all check numbers. Outstanding checks should be listed on page 2, all voided checks should be listed in check register as "Voided."
Comments: _____
- ☐ Reviewed monthly Treasurer Reports to ensure summary of cash receipts and disbursements were accounted for and that the prior month ending balance agrees to the subsequent month beginning balance. Verify actual expenses did not exceed ten percent of budget.
Comments: _____
- ☐ Reviewed all cash receipts to ensure proper accounting of all cash received by the PTO including the inclusion of a BPTO Deposit Form and accompanying bank deposit receipt.
Comments: _____
- ☐ Reviewed all cash disbursements to ensure proper documentation and accounting of all expenditures by the PTO including the inclusion of a BPTO Reimbursement Form and accompanying purchase receipt, invoice, or PO.
Comments: _____

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Any other comments or explanations needed:

1) _____
 <print name>

Phone #: _____

 <signature>

2) _____
 <print name>

Phone #: _____

 <signature>

3) _____
 <print name>

Phone #: _____

 <signature>

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Square	Gross/Total Sales	Fees	Net Deposit
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total			

PayPal	Gross/Total Sales	Fees	Net Deposit
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total			

Other:	Gross/Total Sales	Fees	Net Deposit
July			
August			
September			
October			
November			
December			
January			
February			
March			
April			
May			
June			
Total			

Please use as many as needed for any third-party credit card merchant sales and fees.