

MAPE Local _____ Audit Committee Report

Please review the MAPE Reimbursement Policy, Donations Policy & Local Checkbook Policy prior to completing this form.

Date Audit Performed _____

Expense period from January 1, _____ to December 31, _____

Check numbers from _____ to _____

Number of Debit Transactions _____

The following documentation is attached:

- Expense Reconciliation Form
- Explanation for any exceptions

Has year-end bank reconciliation been prepared (balance local check register to bank balance)?

Yes ____ No ____

Have all expenditures been submitted for reimbursement to MAPE Central to replenish the checking account?

Yes ____ No ____ If no, please attach a list of exceptions.

Were supporting documents provided for all payments made?

Yes ____ No ____ If no, please attach a list of exceptions.

Did ALL supporting documents contain the required signatures?

Yes ____ No ____ If no, please attach a list of exceptions.

Were expenditures incurred during the year in accordance with the local budget?

Yes ____ No ____ If no, please attach a list of exceptions.

Were all expenditures incurred allowable under MAPE's expense policies and in accordance with the Local Checkbook Policy?

Yes ____ No ____ If no, please attach a list of exceptions.

I acknowledge that I have reviewed the above described financial information and have answered the questions truthfully and accurately based on the information available.

Reviewer signature _____ Date _____

Print name _____

Reviewer signature _____ Date _____

Print name _____

Reviewer signature _____ Date _____

Print name _____