**MAPE Local \_\_\_\_\_\_\_ Audit Committee Report**

***Please review the MAPE Reimbursement Policy, Donations Policy, and 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 Checks written \_\_\_\_\_\_\_\_\_\_**

**Number of Debit Card 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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