

TRUSTEES' REPORT OF AUDIT of

The Books and Records of the	tant of(District/County Council/Post No.)								
Department of	for the Fiscal Quarter ending, 20								
FISCAL QUARTERS:	Jan 1 to March 31	April 1 to June 30		July 1 to Sept. 30		Oct 1 to	Dec. 31	Dec. 31	
FUNDS:		Net Cash Balances at Beginning of 9. Quarter		Receipts During Quarter 10.		Expenditures uring Quarter	Net Cash Balances at End of Quarter 12.		
National and Department Dues (Per Capita Tax)		\$		\$	\$		\$		
2. Admission or Application Fees (D	epartment)								
3. Post General Fund									
4. Post Relief Fund (Poppy Profits, D									
5. Post Home or Building Fund (Inclu	ding Savings but Not Real Estate)							
6. Post Canteen or Club Fund									
7. Other									
8. Bonds and Investments Not Credit	ted to Funds								
							14.		
	13. TOTALS:	\$		\$	\$		\$		
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Have required payroll deductions bee Have payments been made to the pro and Federal agencies this quarter? _ Have sales taxes been collected and p Are club employees bonded? Amount of outstanding bills Value of Real Estate Amount of liability insurance Owed on Mortgages and Loans Value of Personal Property Amount of Property Insurance	paid?		Ending Balance Per Bank Statement Less: Outstanding Checks Plus: Deposits in Transit Account Balance Other Checking Accounts (if applicable) Ending Balance Per Bank Statement Less: Outstanding Checks Plus: Deposits in Transit Account Balance Savings Account Balance Cash on Hand Total Cash Bonds and Other Investments Total Cash and Investments Total Cash and Investments Total Cash TRUSTEES' AND COMMANDER'S CERTIFICATE OF AUDIT						
				Date			_, 20		
This is to certify that we (or qualified accou	untants) have audited the books a	nd records of th	e Adiuta	nt and Quartermaste	er of				
			-			(District/County C			
for the Fiscal Quarter ending							ereof to the bes	t of our	
knowledge and belief. All Vouchers and C	Checks have been examined and f	ound to be pro	perly app	proved and checks p	roperly cou	ntersigned:			
Post Quartermaster		Sig	ned:					Trustee	
	(Name)								
		Sig	ned:					Trustee	
		Sig	ned:					Trustee	
	(Address)								
This is to certify that the Office of the Qu	uartermaster is bonded with							in	
the amount of \$ unti	il	,	20	, and that this A	udit is corre	ctly made out to tl	ne best of my kr	nowledge	
and belief.									

NOTE: Forward Original (Blue) Copy to your Department Quartermaster - See instructions on reverse side of both Yellow and Blue Copies.

Signed: __

_ Commander