



DUVAL COUNTY PUBLIC SCHOOLS
 OUTSIDE SCHOOL-RELATED ORGANIZATION ANNUAL AUDIT REPORT
 (SCHOOL YEAR)

ORGANIZATION NAME: _____ **FEDERAL I.D. #:** _____

Beginning Book Balance (as of June 30th of prior year): \$ _____

Total Receipts: (+) \$ _____

Total Disbursements: (-) \$ _____

Ending Book Balance (June 30th): \$ _____

Outstanding Checks (Attach detailed list): (+) \$ _____

Checking Account Balance (June 30th): per bank statement \$ _____

Savings Account Balance (June 30th): per bank statement \$ _____

This is to certify that the financial records of the _____ (organization name) have been examined by the undersigned auditing committee or external auditor and that all disbursements were properly made and with the required authorization. The undersigned also certifies that the above ending bank balance is correct.

NOTE: This includes all cash accounts: Checking, Savings, Money markets, Certificates of Deposit, etc. Copies of the applicable Bank Statements are attached.

Date _____ Committee members, please sign and print your name below.

/S/ _____ /P/ _____

/S/ _____ /P/ _____

/S/ _____ /P/ _____

/S/ _____ /P/ _____

It is the recommendation of Internal Auditing that the Audit Committee be made up of a minimum of three members of the organization (excluding treasurer) or that the audit be conducted by an external auditor.

****Complete and give to the bookkeeper for processing****