



FLORIDA HEALTHCARE ENGINEERING ASSOCIATION

DISTRICT ANNUAL AUDIT

from

DISTRICT _____

Fiscal Year Beginning Balance (February 1): \$ _____

Fiscal Year Ending Balance (January 31): \$ _____

Fiscal Year Income: \$ _____ Fiscal Year Expense: \$ _____

Net Gain / Loss: _____

Verify 50% of checks entered to General Ledger

Example: (Check #105 entered to General Ledger on 4/15/16)

_____	_____
_____	_____
_____	_____

Verify 50% of deposits entered to General Ledger

Example: (Deposit dated 4/15/16 on bank statement is entered to General Ledger on 4/15/16)

_____	_____
_____	_____
_____	_____

Verify the following:

- Bank balance per General Ledger has been reconciled to the bank account statement.
- All District minutes are finalized and in one location.
- W-9's filled out for speakers and any non-incorporated entities paid over \$600.00 during the year.
- List of grants issued for the year including grantee and amount of grant. Attach to this Report.

District Officers in current year

President _____ Vice President _____

Secretary _____ Treasurer _____

District Treasurer

_____	_____	_____
Name	Signature	Date

Auditor #1

_____	_____	_____
Name	Signature	Date

Auditor #2

_____	_____	_____
Name	Signature	Date

This report to be completed by District Treasurer and two auditors, and presented to the District President for the Winter Board meeting.