

**LADIES AUXILIARY TO VFW DEPARTMENT OF VIRGINIA  
AUDIT REPORT**

AUXILIARY NO. \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_ FOR CALENDAR YEAR \_\_\_\_\_

Please Circle which Quarterly Audit is being submitted:

| QUARTER | PERIOD COVERED        | MUST BE COMPLETED BY | MAILED TO DEPT. TREASURER BY |
|---------|-----------------------|----------------------|------------------------------|
| 1st     | January 1-March 31    | April 15             | April 30                     |
| 2nd     | April 1-June 30       | July 15              | July 31                      |
| 3rd     | July 1- September 30  | October 15           | October 31                   |
| 4th     | October 1-December 31 | January 15           | January 31                   |

**DISTRIBUTION OF RECEIPTS, DISBURSEMENTS AND CASH BALANCE BY FUND**

| FUND                          | CASH BALANCE<br>LAST REPORT | RECEIPTS | DISBURSEMENTS | CASH BALANCE<br>THIS REPORT |
|-------------------------------|-----------------------------|----------|---------------|-----------------------------|
| Auxiliary General Fund        |                             |          |               |                             |
| Dept/Natl. Dues Restricted)   |                             |          |               |                             |
| Cancer Ins. (Restricted)      |                             |          |               |                             |
| Aux. Relief Fund (Restricted) |                             |          |               |                             |
| Kitchen/Bingo Fund            |                             |          |               |                             |
| Other                         |                             |          |               |                             |
|                               |                             |          |               |                             |
| SUB-TOTAL                     |                             |          |               |                             |
| Jr. Girls Unit Fund           |                             |          |               |                             |
| TOTALS:                       |                             |          |               |                             |
| Savings Account               |                             |          |               |                             |
| TOTAL BALANCE                 |                             |          |               |                             |

Bank Balance as shown on Bank Statement: \$ \_\_\_\_\_  
 Less Outstanding Checks: Numbers: # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Amount of Outstanding Checks: \$ \_\_\_\_\_

Add Total Amount of Outstanding Deposits: \$ \_\_\_\_\_

Total Adjusted Bank Balance: \$ \_\_\_\_\_

|  |  |   |
|--|--|---|
| This is to certify that the books and records of the Treasurer and Secretary have been audited, found correct, and all money properly accounted for. | TRUSTEES SIGNATURES:<br>#1 _____<br>#2 _____<br>#3 _____<br>AUDITED THIS DATE: _____ | DISTRIBUTION:<br>Original to: Auxiliary Secretary after the Senior Trustee has read<br><br>Copy to: Auxiliary Treasurer<br><br>Must mail a copy to DEPARTMENT TREASURER:<br><br>Debbie Martin<br>539 Westwood Road<br>Ruckersville , VA 22968 |
|--|--|---|