



TRUSTEES' REPORT OF AUDIT of

The Books and Records of the Quartermaster and Adjutant of _____
 (District or Post Number)

Department of **ARIZONA** for the Fiscal Quarter ending _____
 (Month/Year)

FISCAL QUARTERS: Jan 1 to Mar 31 Apr 1 to Jun 30 Jul 1 to Sep 30 Oct 1 to Dec 31

FUNDS:	Net Cash Balances at Beginning of Quarter 10.	Receipts During Quarter 11.	Expenditures During Quarter 12.	Net Cash Balances At End of Quarter 13.
1. National and Department Dues (Per Capita Tax)				
2. Admission or Application Fees (Department)				
3. Post General Fund				
4. Post Relief Fund (Poppy Profits, Donations, etc.)				
5. Post Canteen or Club Fund				
6. Entertainment Fund				
Bonds and Investments not included in Funds				
14. TOTALS:				15.

16. OPERATIONS	17. RECONCILIATION OF FUND BALANCES
Were required payroll deductions made? _____ Have payments been made to the proper State and Federal agencies this quarter? _____ Have sales taxes been collected and paid? _____ 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 _____	General Fund Checking Account Ending Balance Per Bank Statement _____ Less: Outstanding Checks _____ Plus: Deposits in Transit _____ Checking Account Balance _____ General Fund Savings Account Savings Account Balance _____ Cash on Hand _____ Bonds and Other Investments _____ Total Cash and Investments _____

18. TRUSTEES' AND COMMANDER'S CERTIFICATE OF AUDIT

 (Today's Date)

This is to certify that we (or qualified accountants) have audited the books and records of the Adjutant and Quartermaster of _____

 (District or Post Number)

for the Fiscal Quarter ending _____ in accordance of the National By-Laws and that this Report is a true and correct statement thereof to the best of our knowledge and belief. All Vouchers and Checks have been examined and found to be properly approved and checks properly countersigned:

Post Quartermaster _____
 (Name)

 (Address)

 (Address)

Signed: _____ Trustee
 Name of Trustee
 Signed: _____ Trustee
 Name of Trustee
 Signed: _____ Trustee
 Name of Trustee

This is to certify that the Office of the Quartermaster is bonded with _____ in the amount of _____ until _____ and that this Audit is correctly made out to the best of my knowledge and belief.

Signed: _____ Commander
 COMMANDER