

Chapter Audit Report

Chapter Name _____
 Federal ID #: _____

Chapter No. _____
 Audit Month/Year _____

Financial Assets

Bank Statement Reconciliation. See last month's bank statement(s).

Checking	Amount	Total
Balance Beginning of Month		_____
Add Deposits / Interest	_____	
Subtract Expenditures	_____	
Balance End of Month		_____

Outstanding NSF Checks	_____
Bank Charges	_____
Outstanding Checks	_____

Savings

Balance Beginning of Month		_____
Add Deposits / Interest	_____	
Subtract Withdrawals	_____	
Balance End of Month		_____

CD

Balance Beginning of Month		_____
Add Deposits / Interest	_____	
Subtract Withdrawals	_____	
Balance End of Month		_____

Other

Balance Beginning of Month		_____
Add Deposits / Interest	_____	
Subtract Expenditures	_____	
Balance End of Month		_____

Paraphernalia

Account # 1800.00	_____
Amount of depreciation taken in April	_____

Liabilities (outstanding bills to be paid)

Moose Int'l (see Statement of Accounts)	_____
Moose Charities (Endowment Fund)	_____
Recorder (Compensation)	_____
Payroll Tax	_____
Other (e.g., recurring bills, etc)	_____

Donations (made during the month)

Moose Charities	_____
Lodge	_____
Community Service	_____
Scholarship & Maintenance Fund	_____
Committee Project:	_____
Committee Project:	_____

Membership

Updates	Total
Membership last month's ending number:	
Enrolled	_____
Reenrolled	_____
Reinstatement	_____
Transfer In	_____
Dues Paid (Expired)	_____
Total Additions:	_____
Expired	_____
Deceased	_____
Transfer Out	_____
Resigned	_____
Total Deductions:	_____
Total Active Membership:	_____

Communications

Yes / No / #
chapter####@mooseunits.org < 15 Mb?
Chapter activities / meetings posted?
of Board of Officers' meetings held (min of 1)
of Chapter meetings held (min of 2)
monthly reports to be created / transmitted

Reports

Date / NA
IRS 990, 990EZ, or 990N filed (Sept audit only)
IRS 940 / 941 filed (Jan, Apr, Jul, & Oct audits)
IRS W2s mailed to recipients (Jan audit only)
Date Form 114 submitted
Date Form 166 submitted

Audit Committee & Officer Signatures:

_____	(Audit Chairman)
_____	(Audit Committee)
_____	(Audit Committee)
_____	(Senior Regent)
_____	(Recorder)

Email this report to: _____
wotmmail@mooseintl.org Date Prepared _____
 or Fax to: _____
(630) 966-2211 Date Submitted to WOTM _____