

Policy and Procedures (Audit) Checklist—Fiscal Year-End Financial Reports

*Each chapter and branch should complete a separate checklist.*

**Due: September 30**

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| Chapter or Branch NAME: |

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| **Financial Management:**   1. Please list all officers who are authorized signers on bank accounts **AND** list any additional persons who have access to the bank accounts:   **Signers:** |  |  |
|  |  | | | |
| **Access besides Signers:** |  | | | |
|  |  | | | |  | |
|  | **Yes No** | | | |  | |
| 1. Did authorized signers approve invoices for payment and sign checks? |  |  | |
| 1. Were all checks payable to the Treasurer or Chapter Admin approved and signed by a different officer than the payee? |  |  | |
| 1. Were all checks in excess of $5,000 signed by two officers? |  |  | |
| 1. Did the Treasurer or Chapter Admin prepare bank reconciliations at least quarterly? |  |  | |
| 1. Were the bank reconciliations reviewed by someone other than the preparer? If yes, please name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |
| 1. Per the *APWA Rules of Governing Chapters*, do all bank and investments accounts include APWA's Chief Executive Officer as an "authorized signer"? |  |  |
| 1. Did the Executive Committee verify and approve all transactions to ensure each disbursement was: |  |  |
| 1. supported by an original vendor invoice? |  |  |
| 1. reasonable and necessary? |  |  |
| 1. meets the exempt purpose of the chapter or branch? |  |  |
| 1. Were all check numbers accounted for? |  |  |
| 1. Were the year-end Financial Statements reviewed for reasonableness? |  |  |
| 1. How often did the Executive Committee receive the following reports and statements: | **Monthly** | **Quarterly** | **Annually** | | |
| 1. Financial reports and statements including checks issued, expenses paid, and bank deposits? |  |  |  | | |
| 1. Investment performance updates? Check here if no investment accounts \_\_\_\_\_\_\_\_\_\_\_   **Expense Reimbursements and Other Payments:** |  |  |  | | |
| **Yes** | **No** |
| 1. Were itemized receipts submitted for each reimbursement? |  |  |
| 1. Was the purpose of the trip documented? |  |  |
| 1. Was the date of travel documented for all travel reimbursements? |  |  |
| 1. Were all expense reimbursements approved by a Chapter/Branch Officer? |  |  |
| 1. Did you have PAID Chapter Administrators? If yes, please provide names and role.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **Contracts and Legal Matters:** | **Yes** | **No** |
| 1. Did the Chapter/Branch sign any contracts over $5,000? |  |  |
| 1. If so, were copies submitted to APWA? |  |  |
| 1. Did the Chapter/Branch sign any contracts over $10,000? |  |  |
| 1. If so, were all contracts submitted to APWA for review prior to contract signature? |  |  |
| 1. Is the Chapter aware of any potential legal matters which may result in a claim or lawsuit being filed against the Chapter/Branch directly, an officer, director, or member of APWA? |  |  |
| 1. If yes, please list the name/telephone number of Chapter/Branch representatives(s) who are authorized to discuss the matter. |  |  |
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| **Certification:** |
| The audit committee has reviewed all items on this checklist. We certify that the Fiscal Year-End Reports submitted to APWA accurately reflect all financial activity for the period of July 1 to June 30.   |  | | --- | |  | | |

**Audit Committee Chair Signature Date Reviewed**

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**Printed Name**

**List all individuals who were on the audit committee (Name/Email):**

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| **Notes:** |  |
| The Audit Committee should consist of at least three members appointed by the Chapter/Branch President. Any Chapter/Branch Officer who is authorized to sign checks should not serve on the Audit Committee. | |
| This checklist should reflect the work of the Audit Committee's review of the Chapter/Branch Financials and procedures. | |