

**First District PTA
Unit/Unit OOC Financial Summary Form**

Unit: _____ Council: _____

Unit bylaws require that these documents be sent up through channels:

Unit submits to council with all attachments as listed, by council due date: _____

Unit OOC submit directly to First District PTA with all attachments by **September District Board Meeting, 4th Monday**

√ Unit Financial Summary Form *with the following attachments:*

- Unit *Year-End* Audit(s) for *all unit checking/savings accounts*
- Unit Annual Financial Report
- Unit Proposed/Adopted Budget (*indicate with "*" restricted fund line items and explain*)
- Project Carry-Over Funds Substantiation Form (if applicable)

NOTE: Copies of government filings (FYE 5/31 due to government by 10/15 and through channels thereafter;
FYE 6/30 due to government by 11/15 and through channels thereafter)

UNIT FINANCIAL INFORMATION

PTA bylaws state that the president, treasurer, and an elected officer other than the secretary or auditor shall be authorized to sign PTA checks. Authorized check signers shall not be related by blood or marriage or reside in the same household as other authorized signers for the association's financial accounts.

CURRENT UNIT CHECK SIGNERS AND FINANCIAL OFFICERS:

President: _____ Address: _____

Phone: _____ Email: _____ CDL or CA ID#: _____

Secretary: _____ Address: _____

Phone: _____ Email: _____ CDL or CA ID#: _____

Treasurer: _____ Address: _____

Phone: _____ Email: _____ CDL or CA ID#: _____

3rd Signer: _____ Address: _____

Phone: _____ Email: _____ CDL or CA ID#: _____

Auditor: _____ Address: _____
 Phone: _____ Email: _____ CDL or CA ID#: _____

UNIT PTA BANK ACCOUNTS (*All bank accounts*):

<u>Banking Institution</u>	<u>Branch Address</u>	<u>Account Type</u>	<u>Account #</u>	<u>YE Audit Balance</u>
_____	_____	<input type="checkbox"/> Checking	_____	_____
_____	_____	<input type="checkbox"/> Savings	_____	_____
_____	_____	<input type="checkbox"/> Restricted*	_____	_____
_____	_____	<input type="checkbox"/> Other	_____	_____

* **Restricted savings:** Explain purpose of restriction below. If restricted funds are Project Carry-Over funds, a Project Carry-Over Substantiation Form must be attached.

Explanation/Comments: _____

Verification: *This Unit Financial Summary Form and all attachments have been reviewed and verified by the following current officers:*

Unit Auditor: _____ (print name)	Signature: _____	Date: _____
Unit Treasurer: _____ (print name)	Signature: _____	Date: _____
Unit President: _____ (print name)	Signature: _____	Date: _____
Council Auditor: _____ (print name)	Signature: _____	Date: _____
Council Treasurer: _____ (print name)	Signature: _____	Date: _____
Council President: _____ (print name)	Signature: _____	Date: _____