

## Trustees' Report Of Audit of

The books and records of the Quartermaster and Adjutant of \_\_\_\_\_  
(District / County Council / Post Number)  
 Department of Maryland, for the Fiscal Quarter ending \_\_\_\_\_ 20 \_\_\_\_\_

Fiscal Quarters:                      Jan 1 to Mar 31                      Apr 1 to Jun 30                      Jul 1 to Sep 30                      Oct 1 to Dec 31

Description of Funds	Net Cash Balance at the Beginning of Quarter	Receipts for the Quarter	Expenditures for the Quarter	Net Cash Balance at end of the Quarter
National / .Department Dues	\$ _____	\$ _____	\$ _____	\$ _____
Admission / Application Fees	_____	_____	_____	_____
Post General Fund	_____	_____	_____	_____
Post Dues Relief Fund	_____	_____	_____	_____
Post Reserve Fund	_____	_____	_____	_____
Post Home or Building Fund	_____	_____	_____	_____
Post Canteen or Club Fund:	_____	_____	_____	_____
Other	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Bonds and Investments	_____	_____	_____	_____
<b>Total of all Funds</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

### Reconciliation of Funds

Have required payroll deductions been made _____	Checking Account Balance	\$ _____	
Have payments been made to the proper State And Federal Agencies this quarter _____	<b>Less Outstanding Checks</b>	<b>\$ _____</b>	
Have Sales taxes been collected and paid _____	Actual Checking Account Balance	_____	\$ _____
Are club employees bonded? _____	Savings Account Balance	_____	\$ _____
Amount of outstanding bills \$ _____	Cash on Hand	_____	\$ _____
Value of Real Estate \$ _____	<b>Total</b>	_____	\$ _____
Amount of liability insurance \$ _____	Bonds and Investments	_____	\$ _____
Owed on mortgages or loans \$ _____	<b>(Cost Value)</b>	_____	_____
Value of Personal Property \$ _____	<b>Total</b>	_____	\$ _____
Amount of Property Insurance \$ _____			

### Trustees' and Commander's Certificate of Audit

Date: \_\_\_\_\_

This is to certify that we (or qualified accountants) have audited the books and records of the Adjutant and Quartermaster of \_\_\_\_\_ for the Fiscal Quarter ending \_\_\_\_\_

Quartermaster: \_\_\_\_\_ Signed: \_\_\_\_\_ Trustee, 3 Year  
 \_\_\_\_\_ Signed: \_\_\_\_\_ Trustee, 2 Year  
 \_\_\_\_\_ Signed: \_\_\_\_\_ Trustee, 1 Year  
(Name and Address)

This is to certify that the office of the Treasurer 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

**NOTE: A copy of this audit is to be forwarded to the Department Quartermaster**