

NJPTA Financial Review - 2022-2023 Fiscal Year

(Your PTA fiscal year is 7/1/22 - 6/30/23)

verychild. onevoice.* Your PTA's financial review must include all accounts owned by your						
PTA Name	City					
County/Council	EIN#_	Local PTA Unit#				
IMPORTANT - Financ	ial Review Process:					
		nd complete a copy of the attached form to request your completed financial review forms at a				
Financial Managemen	t Checklist					
·	·	roperly allocated according to the budget?				
O YES O N 2) Were there red O YES O N	ceipts for every check v	oucher?				
	s sequentially numbere	d and accounted for?				
	s signed by TWO auth	orized signers?				
5) Did this PTA fi O YES O N		ez or 990 with the IRS for the prior tax yea	ar?			
6) Did this PTA fi O YES O N		RI300r with the State of New Jersey?				
7) Did this PTA fi O YES O N		rt? (Necessary only if incorporated).				
8) Were the finar O YES O N	ncial records found to be O	e in order, and correct?				
•	ving in the same house	committee were not signers on the accombile hold as a signer?	ounts or			
O YES O N	0	checking account for gaming activity?				
If you checked 'NO' for any of	the questions above, please	provide an explanation on a separate sheet of paper	F.			
Current President	PRINT & SIGN	DATE				
Current Treasurer	PRINT & SIGN	DATE				
		DATE				
Financial Review Com Date Financial Review						
Committee Member #1						
Committee Member #2	PRINT & SIGN	DATE				
Committee Member #3	PRINT & SIGN	DATE				

After the financial review is approved by your General Membership you must upload it to MemberHub under the 2023-2024 compliance tab for storage.

New Jersey PTA – 2022 - 2023 Financial Review FORM									
PTA	PTA Name Local PTA Unit#								
Date	e of Financial Reviev								
Included on this Page PER CHECK REGISTER									
1	Beginning Baland and Bal								
2	Total Income per	+							
3		=							
4	Total Expenses p	line 3	-						
5	Balance on Hand		=						
PE	PER BANK								
6	Ending Balance J								
	Outstanding Che								
	Check#	Payable to:		Amount					
		Outstanding Chec							
7			Subtrac	ct Outstanding Chec	k Total	-			
	Outstanding Dep	osits:		1					
	Source of Deposit			Amount					
		Outstanding Depo	-:4 T-4-1						
_		it Total							
8	Dalamas an Hand	+							
9		(must match line 5)	ntal amo	ınt hara ¢		=			
10	10 Are there any unpaid bills? If so, list total amount here \$								
	Please attach a separate piece of paper with details for each unpaid bill explaining why it has not been paid.								
	Additional Comments and Recommendations (Please include any additional comments and recommendations for the PTA- you may include this on additional pages as needed).								