Statement of Financial Practice



| Name of School: | | | Date: |
|---|--|--|---|
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Review for financial year: | Starting Ending | g | |
| In a year that a review or a | | nsible for the school's finances must | submit this report. If a review or audit is |
| Check YES or NO for each | question below. If you check NO, please | comment on the reason for the vari | ance from accepted financial practices. |
| I. Cash Receipts | | | |
| A. Are checks and curre | ency recorded and accounted for on a da | aily basis? 🗌 YES 🗌 NO | |
| B. Are there adequate | ohysical controls over cash from receipt | to deposit? 🗌 YES 🔲 NO | |
| C. Are donations of cas | h and property properly documented, ir | ncluding receipting to the donor? | □ YES □ NO |
| II. Cash Disbursements | | 2 | |
| A. Are all invoices (requ | iests for payment) paid in a timely mann | er? 🗆 YES 🗀 NO | |
| B. Are bank accounts re | econciled within a timely period after the | e end of each month and reviewed l | by a knowledgeable, responsible official? |
| C. Are there appropriat board)? YES | e spending approval limits set for differe | ent levels of authority within the sch | nool (i.e., secretary, treasurer, director, |
| III. Cash: General A. Are all check signers | approved by the governing body or an | appropriate and responsible official | ? □ YES □ NO |
| B. Are all unpaid invoic | es, etc., accounted for and analyzed for o | due dates? 🔲 YES 🔲 NO | |

| IV. Accounts Receivable |
|---|
| A. Are monthly statements mailed for all receivables? $\ \square$ YES $\ \square$ NO |
| B. Are receivables aged each month and reviewed for past-due accounts? $\ \square$ YES $\ \square$ NO |
| C. Are delinquent accounts followed up for collection? $\ \square$ YES $\ \square$ NO |
| V. Financial Reporting |
| A. Are all financial transactions recorded in a timely manner? $\ \square$ YES $\ \square$ NO |
| B. Is proper documentation maintained for all financial transactions? $\ \square$ YES $\ \square$ NO |
| C. Does the school prepare periodic financial reports? Does someone outside the accounting/bookkeeping function review these reports? ☐ YES ☐ NO |
| D. Is there a formal budgeting process? $\ \square$ YES $\ \square$ NO |
| E. Are budgets periodically reviewed and compared with actual results? $\ \square$ YES $\ \square$ NO |
| F. Does the governing body and/or the finance subcommittee keep up-to-date with statements of income and expenditures? ☐ YES ☐ NO |
| VI. General Comments |
| Please make any comments that you wish to add relating to the financial procedures and practices of the school. |

V

VII. Verification Signatures

| Note: When submitting electronically, include e-mail addresses and typed names. | | |
|---|--------------------------------------|--|
| | Treasurer's e-mail | |
| Signature of treasurer of the governing body | Treasurer's typed name | |
| | Accountant's or Officer's e-mail | |
| Signature and title of person responsible for completing this financial report | Accountant's or Officer's typed name | |
| | Head of School e-mail | |
| Signature of Head of School | Head of School typed name | |