

Internal Audit Report Form

The financial year for all NCRSP UNITS ends on June 30. An audit should be completed as soon as possible and a copy sent to the NCRSP State Office by the August 30th deadline.

Treasurer Name _____ Treasurer Phone # (____) _____
RSP Unit Name _____
Address City Zip _____

Section 1. (Attach Copies of Statements)

Last Bank Statement Checking Balance (Statement Date) _____ /\$ _____

Last Bank Statement Savings Balance (Statement Date) _____ /\$ _____

Other Assets
Statements Name _____ (Statement Date) _____ /\$ _____

Total Cash Assets All Accounts (Sum of Statements) \$ _____

2. Add (Deposits not on Statements)

Add: Deposits in Transit
Date of Deposit _____ Account _____ \$ _____

Date of Deposit _____ Account: _____ \$ _____

\$ _____

3. Less (Outstanding Checks not on Statements)

Payee	Check#	Check Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total _____

4. Total Cash Assets as of _____ = \$ _____

5. I/We have examined the books of the treasurer and find them to be (choose one)

Correct _____ Incomplete _____ Incorrect _____

Substantially correct with the following adjustments _____

_____ Date audit completed _____

Audit Committee Chair's Signature _____ Phone# _____

MAIL TO:
NCRSP
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Attn Dave Deardorff