

PUBLIC SCHOOLS
ACTIVITY FUND INTERNAL AUDIT

DATE _____

NAME OF ORGANIZATION _____

ACTIVITY ACCOUNT SPONSOR _____

ACTIVITY ACCOUNT NUMBER _____

CHECKLIST:	YES	NO	NOTES:
DATING RECEIPTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
SIGNING RECEIPTS	<input type="checkbox"/>	<input type="checkbox"/>	_____
FILLING OUT RECEIPTS CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEPOSITING FUNDS IN A TIMELY MANNER	<input type="checkbox"/>	<input type="checkbox"/>	_____
ACCURATE DEPOSITS - BALANCES WITH ACTIVITY FUND REGISTER	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTES AND FINDINGS:

RESPONSES TO FINDINGS:

SPONSOR SIGNATURE _____

PRINCIPAL SIGNATURE _____

ACTIVITY FUND CUSTODIAN SIGNATURE _____