<YOUR> PTA

NON-SIGNER REVIEW OF BANK STATEMENT

Bank Statement Date: to

Date Statement Reviewed:

I verify that I have checked this bank statement for the following and have noted my concerns below:

* Checks appearing in non-sequential order
* Checks made out to “Cash”
* Checks made payable to non-approved vendors
* Checks written for non-approved expenses
* Missing check numbers not listed as “uncleared” in financial reconciliation report
* ATM/Debit/Electronic transfers
* Checks made out to an individual for an even dollar/cent amount (i.e. $20.00)
* Transactions on statement not verified against financial report(s)
* Bank statement balance not matching monthly financial reconciliation report
* PayPal account carrying a balance at month close (should be zero balance)
* PayPal account balance transfer(s) to account other than main bank account

Items of Concern:

Printed Name of Reviewer

Signature of Reviewer