<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
* 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)

Items of Concern:

(Printed Name of Reviewer)

(Signature of Reviewer)