FINANCIAL REVIEW CHECKLIST

Review from ______________ to ______________

Court ______________________________ #_____________ City, State: __________________________

How many members present: ______________

1. Statements oldest on top- Have these been reconciled monthly? ___Yes ___ No
   a. Are Bank fees recorded? ___Yes ___ No
   b. Is Account titled to the Court? ___Yes ___ No
   c. Does Treasurers Report show the current balances? ___Yes ___ No
   d. Is there a list of 'outstanding checks' available and presented with the report? ___Yes ___ No
   e. Are all checks listed/accounted for numerically? ___Yes ___ No
2. Financial Sec. receipts - compare these to the deposits of the statements
   a. Do these match 'exactly'? ___Yes ___ No
3. Look at Rec. Sec. Minutes.
   a. Bills to pay – motions made? ___Yes ___ No
   b. Checks written for those bills? ___Yes ___ No___ (Check the check register for these)

Fill out Financial Review form; mail original to the National Office – 10 West 71st Street, New York, NY 10023
Copies to State Sec., State Regent, and District Deputy

1. Total amount paid out by check for Religious, Charitable, and Educational purposes. Include amounts paid to National Office and State Court for these purposes. $ _____________
   Add all payments made to National
   Dues, insurance, assessments $ _____________
   Supplies, jewelry, gifts, misc. $ _____________
2. Add all the donations made to State
   Dues and assessments $ _____________
   State projects $ _____________
3. Add all the donations made Locally
4. Enter all the account balances

~~~~~~

* Were the Book Officers present? ___Yes ___ No

* Are the entries in the Treasurer's Book itemized? ___ Yes___ No

* Are the Secretary's minutes kept in a bound book? ___ Yes___ No

* When was the last time the Court books were audited? ____________________________

We, the undersigned, find the Court Books to be in proper order and the court solvent.

Fin Review Chrm./DD/Supervisor: ____ Date: _______________

Financial Review Committee Members

- ________________________________
- ________________________________
- ________________________________ Date: _______________

KEEP this worksheet with your copy of the Financial review form for future reference.
~~~~~~

FINANCIAL REVIEW FORM – MARK UP

Financial Review

either for the period ☐ **April 1, 20 _____ to September 30, 20 _____**

Choose the correct audit period → or for the period ☐ **October 1, 20 _____ to March 31, 20 _____**

Total number must match National Roster

Total membership on your records as of September 30 or March 31 was _____

COURT NAME _____ **Court #** _____ **City** _____ **State** _____

1. Total amount paid out by check for **Religious, Charitable, and Educational purposes** **Total $**_____
Include amounts paid to National Office and State Court for these purposes.

Religious: any gifts to clergy or seminary fund.
Charitable: any donations to church, schools, 501c3 organizations.
Educational: any expense for retreats, workshops, conv., scholarships, etc.

National Dues & Insurance paid that period

2. Paid to National Court:

National Dues, Assessments and Insuran	$ _____	
Supplies, Jewelry and Gift Items	$_____	
Paraphernalia (robes, banner, flags)	$_____	
Other (specify)	$_____	**Total $**_____

Anything from Nat. pins, jewelry, buttons, bylaws

Any money to Nat. not included in the previous lines

3. Paid to State Court:

State Dues paid that period

State Dues and Assessments	$_____	
Special State Court Projects	$_____	**Total $**_____

FUND BALANCES

If large amount consider moving some to another charity

	LAST REPORT	CURRENT REPORT
CHECKING ACCOUNT	$_____	$_____
SAVINGS ACCOUNT	$_____	$_____
MASS FUND	$_____	$_____
MONEY MARKET ACCOUNTS	$_____	$_____
CD'S	$_____	$_____
TREASURY ACCOUNTS	$_____	$_____
OTHER FUNDS (SPECIFY)		
_____	_____	$_____
_____	_____	$_____

Special Fund or Restricted Donations

TOTAL CURRENT FUNDS OF COURT $_____

We, the undersigned Financial Review Committee of the Court hereby certify that we have reviewed the Court books, examined and checked the bank accounts and that the foregoing report is a true and correct statement of the funds of this Court.

Signature of District Deputy/State Representative if present.

_____

** District Deputy/State Representative must be present for at least one (1) Financial Review per year*

RETAIN a copy for Court files

Signatures of Financial Review Committee

1. _____
2. _____
3. _____
4. Date Financial Review was Completed _____

Sign& date in blue or black, NOT RED

Send **Original Form** to National Office:
Catholic Daughters Of The Americas
10 West 71st Street, New York, NY 10023

Send **a copy** to:
Your State Regent, your State Secretary,
your District Deputy **or** your State Representative

Report should be returned to appropriate designations by November 1 or May 1 of the current year.

Revised March 2021

Financial Review

either for the period ❑ **April 1, 20 _____ to September 30, 20 _____**

or for the period ❑ **October 1, 20 _____ to March 31, 20 _____**

Total membership on your records as of September 30 or March 31 was _____

COURT NAME _____ **Court #** _____ **City** _____ **State** _____

Day of the month court meeting is held_____

1. Total amount paid out by check for **Religious, Charitable, and Educational purposes** **Total $**_____

Include amounts paid to National Office and State Court for these purposes.

2. Paid to National Court:

National Dues, Assessments and Insurance	$ _____	
Supplies, Jewelry and Gift Items	$_____	
Paraphernalia (robes, banner, flags)	$_____	
Other (specify)	$_____	**Total $**_____

3. Paid to State Court:

State Dues and Assessments	$_____	
Special State Court Projects	$_____	**Total $**_____

FUND BALANCES

	LAST REPORT	CURRENT REPORT
CHECKING ACCOUNT	$_____	$_____
SAVINGS ACCOUNT	$_____	$_____
MASS FUND	$_____	$_____
MONEY MARKET ACCOUNTS	$_____	$_____
CD'S	$_____	$_____
TREASURY ACCOUNTS	$_____	$_____
OTHER FUNDS (SPECIFY)		
_____	$_____	$_____
_____	$_____	$_____

TOTAL CURRENT FUNDS OF COURT $_____

We, the undersigned Financial Review Committee of the Court hereby certify that we have reviewed the Court books, examined and checked the bank accounts and that the foregoing report is a true and correct statement of the funds of this Court.

Signature of District Deputy/State Representative if present:

_____

** District Deputy/State Representative must be present for at least one (1) Financial Review per year.*

RETAIN a copy for Court files

Signatures of Financial Review Committee

1. _____
2. _____
3. _____
4. Date Financial Review was Completed: _____

Send **Original Form** to National Office:
Catholic Daughters Of The Americas
10 West 71st Street, New York, NY 10023

Send **a copy** to:
Your State Regent, your State Secretary,
your District Deputy **or** your State Representative

Report should be returned to appropriate designations by November 1 or May 1 of the current year.

Revised March 2021