

## **Statement Review by Non-Signer**

PTA Account to Be Reviewed				
Account Type (circle one) Banking Credit Card		Last Four Digits of Accoun	ast Four Digits of Account Number	
Beginning Date of Statement		Ending Date of Statement	ing Date of Statement	
Bank Statement Review  Review the statement of any bank account for each of the following items and complete the Transaction Detail for all transactions that match the provided criteria. Remember that documenting transactions does not assume wrong doing, only that further review is needed.    Statement was not an original and/or it was opened by someone other than the reviewer. An online statement printed and signed by the reviewer is acceptable.   Cash withdrawals (ATM transactions, checks made payable to cash, cash advances, etc.)   Electronic transfers   Payments made to individuals in even dollar amounts (i.e. \$20.00)   Payments made for services typically not aligned with approved PTA budgets (i.e. utilities, salons, personal services, etc.)   Recurring payments for the same amount to an individual or company   Payee and check signature are the same individual   Non-sequential or missing check numbers (This is common and may be documented below in a single line.)   Checks are not signed by the appropriate number of people according to the Standing Rules or PTA Policy   Non-sufficient funds charges, unusual bank fees, or overdraft fees    Credit Card Statement Review   Payments made for services typically not aligned with approved PTA budgets (i.e. utilities, salons, personal services, etc.)   Missed payment, late fees, interest fees - previous payment did not pay the entire balance due on statement   Cash advances   Credit limit - over or close to the credit limit				
Transaction Detail				
Date	Payee	Amount	Issue	
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Non-Sequential or Missing Check Numbers				
Reviewer Confirmation				
I affirm that I am not an authorized signer on the above account. I have reviewed all transactions on the identified statement and documented transactions that require further review.				
Date	Printed Name	Non-Signer Signat	Non-Signer Signature	
Date	Printed Name	PTA Secretary Sign	PTA Secretary Signature	

Original document is kept by the Secretary and the non-signer should retain a copy. The Treasurer should be given a copy along with the bank statement, and the Secretary to present the report at the board meeting. If there are significant questions with the review, contact your Council, Field Service Representative, or Texas PTA for assistance.