

SAMPLE - Annual Internal Review Form

(For organizations with total revenues or total expenses less than \$100,000)

State PTA: _____

Fiscal Year Ended (MM/DD/YYYY): _____

Balance Sheet

1) Complete the following list of Assets as of the last date of your fiscal year end:

Checking Account Balance	\$
Savings Account Balance	\$
Furniture or Office Equipment	\$
Other (i.e. CD):	\$
Description	
	\$
	\$
	\$
	\$

TOTAL ASSETS \$ [A]

2) Unpaid Invoices related to the Previous Budget:

Description	
	\$
	\$
	\$
	\$

TOTAL UNPAID INVOICES \$ [B]

TOTAL NET ASSETS \$ [A] - [B]

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State PTA: _____

Fiscal Year Ended (MM/DD/YYYY): _____

Income Statement

1) List any Revenue for the 12 months ended on your Fiscal Year End Date:

Membership Dues	\$ _____
Registration Fees	\$ _____
Other:	\$ _____
Description	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REVENUE \$ _____ **[A]**

2) List any Expenses for the 12 months ended on your Fiscal Year End Date:

▪ Annual Meeting/Convention	\$ _____
▪ Insurance	\$ _____
▪ Travel Expenses (lodging, etc.)	\$ _____
▪ Administration	\$ _____
▪ Telephone	\$ _____
▪ Mileage	\$ _____

Note: For Administration Expenses include printing, postage, shipping, website fees, etc.

Other (i.e. state events):

Description	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL EXPENSES \$ _____ **[B]**

NET INCOME or (LOSS) \$ _____ **[A] - [B]**