**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):**

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

 **$**

 **$**

**$**

**$**

**$**

**$**

**$**

**[A]**

2) Unpaid Invoices related to the Previous Budget:

Description

**$**

**$**

**$**

**$**

**[B]**

**[A] - [B]**

**TOTAL NET ASSETS $**

**TOTAL UNPAID INVOICES $**

**TOTAL ASSETS $**

**Balance Sheet**

**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):**

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

Membership Dues

Registration Fees Other: Description

 **$**

**$**

**$**

**$**

**$**

**$**

**[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

**$**

**$**

**$**

**$**

**$**

**$**

**[B]**

**[A] - [B]**

**NET INCOME or (LOSS) $**

**TOTAL EXPENSES $**

**TOTAL REVENUE $**

**Income Statement**