

2019-20 Unaudited Actuals Submission Checklist

District Name: _____ Contact Person: _____ Email: _____

Phone: _____ Board Meeting Date: _____ Hard copies sent to BAS: _____

Forms	Description	✓ Submitted
CA	Board Certification and Data Summary	<input type="checkbox"/>
	Date Signed Cert will be sent: _____ Date _____	
TC	Table of Contents	<input type="checkbox"/>

Fund Forms (Print Fund 01 Portrait Only)

Fund 01 <input type="checkbox"/>	Fund 09 <input type="checkbox"/>	Fund 10 <input type="checkbox"/>	Fund 11 <input type="checkbox"/>	Fund 12 <input type="checkbox"/>	Fund 13 <input type="checkbox"/>	Fund 14 <input type="checkbox"/>
Fund 15 <input type="checkbox"/>	Fund 17 <input type="checkbox"/>	Fund 19 <input type="checkbox"/>	Fund 20 <input type="checkbox"/>	Fund 21 <input type="checkbox"/>	Fund 25 <input type="checkbox"/>	Fund 30 <input type="checkbox"/>
Fund 35 <input type="checkbox"/>	Fund 40 <input type="checkbox"/>	Fund 49 <input type="checkbox"/>	Fund 51 <input type="checkbox"/>	Fund 52 <input type="checkbox"/>	Fund 53 <input type="checkbox"/>	Fund 56 <input type="checkbox"/>
Fund 61 <input type="checkbox"/>	Fund 67 <input type="checkbox"/>	Fund 71 <input type="checkbox"/>	Fund 73 <input type="checkbox"/>			

Supplemental Forms

A <input type="checkbox"/>	ASSET <input type="checkbox"/>	CAT <input type="checkbox"/>	CEA <input type="checkbox"/>	DEBT <input type="checkbox"/>	GANN <input type="checkbox"/>
ICR <input type="checkbox"/>	L <input type="checkbox"/>	*ESMOE <input type="checkbox"/>	PCRAF <input type="checkbox"/>	PCR <input type="checkbox"/>	**SEA <input type="checkbox"/>
SEAS <input type="checkbox"/>	SIAA <input type="checkbox"/>	***TRC <input type="checkbox"/>	SEMA <input type="checkbox"/>	SEMB <input type="checkbox"/>	

*Check ESMOE for compliance

**Form SEA is for Fontana, Morongo, Ontario-Montclair, and San Bernardino City only

***Run TRC "Exceptions Only" for UA with exceptions explained and no Fatal errors

Other Reports/Documentation

Reports	Description	
CNVRT	GASB34 Government-wide Conversion Worksheet	<input type="checkbox"/> Optional
GSA	GASB34 Government-wide Statement of Activities & Recon	<input type="checkbox"/> Optional
Date sent	Additional Documentation	
_____	U/A Official Export DAT file e-mail to BAS@sbcss.net	<input type="checkbox"/>
_____	Asset/Liability Report "Roll to Fiscal Year" 2021, Error-Free First Page	<input type="checkbox"/>
_____	Closing Entries Report and Update, "Closing Fiscal Year" 2020, Full Report with Error-Free First Page and Journal Entries	<input type="checkbox"/>

Please send all applicable items to Chrisann Gerfers, BAS, no later than Tuesday, September 15, 2020