



AUDIT COMMITTEE REPORT

We have completed an audit of _____ for _____,
(Organization Name) (School Year)

in accordance with the Booster/Parent Organizations Suggested Audit Program (Appendix A of the Elgin ISD Booster Club/Parent Organization Guidelines).

Please check one of the following:

- No irregularities were found.
- Issues/questions/concerns were found and are outlined on the attached documentation.

This audit should be performed by a group of three individuals. However, if the membership size does not allow, the audit may be performed by two individuals. Each audit committee member must complete a section below, by checking the certification box and providing the requested information.

I certify that I am not involved with the day-to-day financial transactions of this organization.

Printed Name Signature Date

Email Address Phone Number

I certify that I am not involved with the day-to-day financial transactions of this organization.

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