

## AUDIT CHECKLIST FOR 2014

**For use only by congregations whose 2014 total annual revenues were under \$150,000**  
**Please attach a Balance Sheet and Income Statement as of 12/31/14**

To: The Treasurer of the Diocese of Tennessee  
Episcopal Diocese of Tennessee  
3700 Woodmont Boulevard  
Nashville, TN 37215

This is to certify that we have reviewed the general ledger, bank statements, and  
checkbook(s) for the year 2014 for \_\_\_\_\_ Church at  
\_\_\_\_\_ and submit the following audit checklist.

(Please answer on these sheets and attach additional sheets as necessary.)

\_\_\_\_\_ All receipts of money were properly deposited in a timely fashion in  
\_\_\_\_\_ Bank in the name of  
\_\_\_\_\_.

\_\_\_\_\_ All withdrawals of funds were properly supported by a check with supporting  
receipts where possible showing the purpose of the withdrawal.

\_\_\_\_\_ All checks were signed by two parties.

\_\_\_\_\_ Bank Statements were reconciled monthly.

\_\_\_\_\_ Journals were maintained in which all deposits and withdrawals were recorded.

\_\_\_\_\_ Journals, bank statements, deposit slips, canceled checks, and vouchers have  
been kept for at least the last five (5) years.

\_\_\_\_\_ Regular written financial reports were made monthly to the Vestry, including a  
year-end financial statement comparing actual with budgeted amounts, which was  
published for review by the congregation.

\_\_\_\_\_ In this audit review, were any discrepancies discovered? If so, please state fully  
the corrective action taken. This action should be documented and signed by the  
Wardens of the congregation. (Please attach documentation and signatures to this form.)

\_\_\_\_\_ Does this congregation hold any trust funds reported in accordance with Canon I.7.c and Tennessee Canon 23, Sec. 7?

\_\_\_\_\_ Please verify that the treasurer or custodian of any trust funds is bonded and for what amount:\_\_\_\_\_.

\_\_\_\_\_ Please state the value of property and liability insurance carried on the congregation and certify that coverage is deemed to be adequate by the Mission Council or Vestry. The Senior Warden should certify this.

Signed: \_\_\_\_\_  
Senior Warden

Audit Review conducted by

Signed,

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

(to be signed by two members of the internal audit team),

\_\_\_\_\_

(date)

**Please send a Balance Sheet and Income Statement as of 12/31/14 to the Diocesan Office with this checklist.**