

**School Support Organization Annual (or Monthly) Financial Report**

*(Pursuant to **Section 49-2-604, TCA**,*

*This form must be submitted to the director of schools/designee at the **end** of each school year)*

School Year (or Month) Ending \_\_\_\_\_

Organization Name \_\_\_\_\_

President \_\_\_\_\_ Phone Number \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Objectives and activities completed by the organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Money in account at the beginning of the school year (or month): \$ \_\_\_\_\_

**Revenue/Collections:**

3. Money collected during the school year (or month) (by activity or fundraiser):

A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
C. _____	\$ _____
E. _____	\$ _____

**Total revenue/collections. for the school year (or month)** \$ \_\_\_\_\_

**Disbursements/Expenditures:**

4. Activities, fundraiser vendors, equipment, materials, services, etc., purchased:

A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
D. _____	\$ _____
E. _____	\$ _____

**Total disbursements/expenditures for the school year (or month)** \$ \_\_\_\_\_

5. Money in account(s) at end of school year (or month) \$ \_\_\_\_\_

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

**School Support Organization Financial Review and Inspection***(This form is for internal use and must be completed each month)*

Name of School support organization \_\_\_\_\_

Date \_\_\_\_\_

The reviewer/review committee members named below have reviewed the financial reports and related financial activity for the time period of \_\_\_\_\_ through \_\_\_\_\_, in detail. I/we agree that the financial report, related financial activity and records and documentation are (check one):

- ☐ Correct and adequate  
☐ Correct and adequate, with the exceptions listed below  
☐ Incorrect and/or incomplete (detail below)

(Examples of Exceptions would be: no documentation; lost information; missing documentation such as receipts or invoices; profit analysis not performed; deposits not made within three days; calculations not accurate; inventory not performed; bank not reconciled; GoFundMe or other reports not attached; etc.)

**Exceptions Noted:**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

*To prevent the above exceptions from occurring in the future, the following steps should be taken:  
(list actions)*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Reviewer(s) Comments:**


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**Overview of Financial Activity** (prepared by reviewer/committee)

Balance on Hand (date of last review)	\$ _____
Receipts (from last review to date of current review)	\$ _____
Disbursements (from last review to date of current review)	\$ _____
Balance on Hand (date of review)	\$ _____

**I have read and understand this report and the exceptions, if any, noted above.**  
*(This report must be signed by the treasurer and one other officer.)*

Printed Name	Officer Title	Signature	Date
	Treasurer		