

Non-Signer Review of Bank Statement PTA

Bank Statement Date: _____

Date statement reviewed: _____

I verify that I have checked this bank statement for the following and have noted any concerns below:

- Checks appearing in non-sequential order
- Checks made out to "cash"
- Checks made payable to non-approved vendors
- Checks written for non-approved expenses
- Missing check numbers
- ATM/Debit/Electronic Transfers
- Checks made out to an individual for an even dollar/cent amount (i.e. \$20.00)
- Transactions on statement verified against financial report(s)

Items of concern: _____

Printed Name of Reviewer

Signature

Date