

**Assistant Director Fiscal Audit  
Checklist**  
(Completed each semester)

Org/Program: \_\_\_\_\_  
Audit Date: \_\_\_\_\_

**Use this form when conducting an audit each semester for Involved Living Opportunities. Sign and date it along with the Senior Staff Member and/or Treasurer. Keep a copy for your records and submit a copy to the Business Manager.**

- |  | Yes | No |
|--|-----|----|
| 1. Follow up on any outlying procedural concerns.                                |     |    |
| 2. Follow up on any outlying concerns from prior monthly ledger uploads          |     |    |
| 3. Select a program that occurred over two weeks ago to review its budget:       |     |    |
| a. Was the budget approved by the appropriate body?                              |     |    |
| b. Is eRezLife/eRequest completed in full?                                       |     |    |
| c. Are all receipts accounted for and attached to eRezLife/eRequest?             |     |    |
| d. If applicable, do receipts verify/support amount requested for reimbursement? |     |    |
| e. If applicable, is reimbursement within the approved allotment?                |     |    |
| f. If applicable, did the recipient sign for their check?                        |     |    |
| 4. Are eRezLife or eRequest #s used in the ledger?                               |     |    |
| 5. Deposits  |     |    |
| a. Are all deposits noted in the ledger?   |     |    |
| b. Are all deposits reconciled with bank statements?                             |     |    |
| 6. Sub Account Totals (If Applicable)  |     |    |
| a. Do all sub accounts present a positive balance?                               |     |    |
| b. If not, why?  |     |    |
| c. Do sub account totals equal the grand total?                                  |     |    |
| 7. Review Checks   |     |    |
| a. Do all checks have two authorized signatures? (One advisor, one treasurer)    |     |    |
| b. Were all checks signed for by the check recipient?                            |     |    |
| 8. Reconcile Ledger  |     |    |
| a. Has the ledger been reconciled with bank statements/91 Reports?               |     |    |
| b. Is the ledger currently balanced?   |     |    |
| c. Please list current balance as reported by the ledger                         | \$  |    |
| d. Please list the current balance as reported by bank statements                | \$  |    |
| 9. Has the senior staff completed all monthly ledger uploads to-date?            |     |    |

Notes:

\_\_\_\_\_  
AD Signature

\_\_\_\_\_  
Senior Staff Signature

\_\_\_\_\_  
Treasurer/Controller Signature