
NAME OF PTA

Date: _____

ELECTRONIC BANKING AGREEMENT

We _____ (name of PTA) hereby authorize _____ (name of person receiving debit / credit / gift card) to use the card for pre-Approved budgeted items for _____ business. By accepting the card, _____ (individual's name), agrees to the following:

1. Using the card for pre-approved budgeted items ONLY;
2. Not receiving CASH or store credit from any transaction;
3. Saving all receipts;
4. Not giving the card to non-PTA board members;
5. Not using the card for non-PTA related items;
6. Not purchasing alcoholic beverages;
7. After using the card, completing a Credit / Debit Card Expense Report (see attached) and giving it IMMEDIATELY to the president (or treasurer), with appropriate receipt attached;
8. Any charges for which a Credit / Debit Card expense report has not been submitted within ten (10) days will be considered the personal responsibility of the card holder and will be repaid to the PTA;
9. All Credit / Debit Card Expense reports for volunteers will be reviewed and approved by the President and / or Treasurer;
10. All Credit / Debit Card Expense reports for the President will be reviewed and approved by the Treasurer and vice versa;
11. All complete credit / debit card expense reports will be reviewed monthly by a NON-signer on the checking account;
12. If fraudulent activity is suspected, it will be investigated, referred to the proper authorities, and criminally prosecuted as deemed appropriate.

The president or treasurer, as well as one non-account signer, must review all debit / credit transactions and sign the *Credit/Debit Card Expense Form*.

I agree to all items set out above and hereby accept the credit / debit card for _____ PTA. I understand the card MUST be returned immediately upon my resignation, termination, at the end of my term of office from this PTA board, upon completion of the program / event for which I have been given authority to use the card or upon written request of the _____ PTA.

Signature – Authorized User

Date

Print Name

PTA Position

Card #

Expiration Date

Date Card Received:

Date Card Returned:

PTA ANNUAL AUDIT/FINANCIAL REVIEW FORM (Page 1 of 2)

Date of Audit (mm/dd/yyyy): _____ 8 Digit Local PTA Unit ID

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PTA/PTSA Name (No Abbreviations): _____ County: _____

Audit Contact Person: _____ PTA Position: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Bank Institution Name **Required:** _____

List All Other Financial Accounts (e.g. Paypal, Stripe) _____

Audit Period: July 1, 20__ to June 30, 20__ **OR** **Interim Audit Period:** (mm/dd/yy) - (mm/dd/yy) _____

Section A Audit Committee: **ONLY check the boxes of the financial records provided to you**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Copy of last annual audit report (June 30 previous year) <input type="checkbox"/> ALL Financial Statements (including, but not limited to: PayPal, Stripe, Square, Venmo, CashApp, etc.) <input type="checkbox"/> Checkbook and Checkbook register with running balance (handwritten, excel, QuickBooks, etc.) <input type="checkbox"/> Treasurer's Ledger Book (Excel Spreadsheet, QuickBooks, etc.) <input type="checkbox"/> Deposit Receipts/Records <input type="checkbox"/> Cash Verification Forms and Receipts <input type="checkbox"/> Check Request Forms with receipts/invoices attached <input type="checkbox"/> Pre-Approved Authorization Forms for Debit & EFT Expenses <input type="checkbox"/> Electronic Banking Agreement <input type="checkbox"/> Receipts for Itemized Invoices Paid <input type="checkbox"/> Proof of PTA Insurance - Expiration Date: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Copy of interim audit(s) that were conducted during the year (If Applicable) <input type="checkbox"/> Monthly Treasurer Reports from All meetings (including last general membership meeting) <input type="checkbox"/> Copy of Final "Approved" budget and ALL Amendments (voted upon by the membership at a general meeting) <input type="checkbox"/> Minutes of all board, executive committee, and general meetings (Secretary can provide) <input type="checkbox"/> Complete copy of IRS Form 990, 990EZ, or 990N "Accepted" confirmation from the previous tax year. <input type="checkbox"/> Bylaws - Current copy, Stamped Approved by Florida PTA <input type="checkbox"/> Inactive Year - No Records Provided (County Council & Region Representative Use Only) |
|--|---|

ALL Check numbers covered by this audit: **Beginning check #** _____ **Ending Check #** _____

1. BALANCE ON HAND (must match audit on June 30 th of previous year).....\$		_____
2. ALL INCOME (received since last annual audit).....\$		_____
3. TOTAL CASH (Add Line 1 and Line 2 together for Total Cash)\$		_____
4. EXPENSES/DISBURSEMENTS (Must include outstanding checks).....\$		_____
5. BOOK BALANCE ON HAND (Subtract Line 4 from Line 3).....\$		_____ ★
6. TOTAL ACCOUNTS/STATEMENT BALANCE as of June 30, 20__.....\$		_____
7. OUTSTANDING CHECKS (Total amount of all outstanding checks).....\$		_____
8. Balance of All Accounts (Subtract Line 7 from Line 6).....\$		_____ ★

★ Reconciliation Note: Line 5 and Line 8 must be the same to balance the PTA books to bank. If Line 5 and Line 8 are NOT equal, your audit report is not reconciled. Re-check outstanding checks and deposits.

Outstanding Checks (Provide the information below for All outstanding Checks) Include additional documentation if needed.

Check Date	Check #	Amount	Payee Name, Phone Number, Email Address

PTA/PTSA Name: _____ County: _____

To determine which IRS form 990 must be filed, answer the questions below:

Yes No

- Line 2 is Greater than or Equal to \$50,000.
- The IRS form 990EZ or 990 Long Form was filed for the previous year.
- The **average** gross receipts for the past (3) three years are greater than \$50,000.

If you answered **YES to Any** of these questions, **YOU MUST COMPLETE** numbers 9 through 11 to calculate the Gross Income and Total Expenses to be used on your IRS for 990EZ or 990 (long form). If you answered NO to all, skip this step and go to **Section B**.

- 9. Total number of members for this Year _____ x **\$3.50** = (Payments made to FPTA) \$ _____
- 10. Subtract line 9 from line 2 to calculate **Gross Receipts used for IRS reporting on Form 990** \$ _____
- 11. Subtract line 9 from line 4 to calculate **Total Expenses used for IRS reporting on Form 990** \$ _____

Section B Check **Yes / No / or N/A** for each of the following questions.

Y N N/A

- 1. Does amount shown on first bank statement (adjusted for outstanding checks and deposits) correspond to the starting balance recorded in checkbook register, ledger, treasurer’s report and ending balance of audit from previous annual audit?
- 2. Were bank statements reconciled monthly by the treasurer?
- 3. Were bank statements signed by another person not authorized to sign checks or related to a check signer?
- 4. Did all checks written contain two signatures (President, Treasurer or other Elected Official / bank signatory)?
- 5. Were all checks properly recorded in checkbook register, ledger and with treasurer reports?
- 6. Were all bank charges and interest recorded in checkbook register, ledger and treasurer reports?
- 7. Did the PTA purchase insurance?
- 8. Were all check requests and reimbursement authorizations approved by the president or designee and contain receipts?
- 9. Did the PTA get pre-approval for all payments made via electronic funds transfer (EFT), credit card, and/or debit card?
- 10. Did the PTA Purchase or Receive Gift Cards/Gift Certificates?
- 11. Were Gift Cards/Gift Certificates documented properly?
- 12. Did the PTA use Cash Verification Forms or Cash Count Sheet?
- 13. Were all funds received and counted by two persons and verified by the treasurer?
- 14. Did funds received match deposits recorded in the checkbook register ledger and treasurer reports?
- 15. Was income spent according to the approved/amended budget?
- 16. Did the general membership meeting minutes also include budget approval?
- 17. Did the general membership meeting minutes also include a motion and vote for approval of all budget amendments?
- 18. Do they Match? The Number of memberships sold _____ And the Number of memberships paid to the state _____

Check ONE:

- _____ I (We) have audited the books and find them to be correct.
- _____ I (We) have audited the books and found the following problems and or/make these suggestions.
- _____ I (We) have audited the books and found significant problems that must be reported to Florida PTA immediately for assistance

AUDIT COMMENTS REQUIRED If the audit committee finds missing funds, inadequate records, or if standard best practices and accounting procedures are not used, please attach detailed findings and recommendations.

Please Confirm the following items are attached:

_____ Copy of the June 30th Bank Statement _____ A copy of our audit findings/recommendations (if applicable)

*******ALL 3 AUDITORS ORIGINAL SIGNATURES ARE REQUIRED (Florida PTA does NOT accept electronic signatures.)*******

Signature - Auditor 1
 Professional Auditor or CPA (if applicable)

Signature - Auditor 2

Signature - Auditor 3

Print Name Auditor 1

Print Name Auditor 2

Print Name Auditor 3

Incoming President Signature

Incoming Treasurer Signature

Print Name President

Print Name Treasurer

Date Audit Submitted to Florida PTA



everychild.onevoice.

ONLY USE THIS FORM IF PAYING DUES BY PTA CHECK

STATE AND NATIONAL DUES PAYMENT FORM

Use this form for National & State Membership Dues and Founder's Day Gifts Only

All PTA/PTSA are *legally* required to send membership dues payments to the state office **MONTHLY**, as collected. State and National dues are not to be used as funds for local units or considered a part of the local unit's budget. **For ALL PTA programs, including Reflections, Scholarships, and other PTA programs, dues must be paid monthly (and Bylaws updated and approved by the state office within [3] years).** Membership dues must be received by December 15th for local units to participate in Reflections and other PTA programs. (This refers to membership dues, NOT County Council dues, which may have separate due date). Each person joining your local unit PTA/PTSA automatically becomes a member of the state and national associations. The total amount per member is \$3.50 (state portion of a member's due is \$1.25; the national portion is \$2.25).

Please complete all sections of this form so that your payment is accurately credited to your local PTA unit.

This payment covers dues received from the following membership year: 2024-25 or _____ for the following month(s):

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

Note: If no dues are collected during a month, it is NOT necessary to submit this form.

Full Name of PTA: _____ NTL PTA ID #:

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PTA Address: _____ City: _____ Zip: _____

County: _____ School Telephone #: _____

President's Name: _____ Phone #: _____

Email: _____

Treasurer's Name: _____ Phone #: _____

Email: _____

Date Mailed: _____ Total # of New Members: _____ @ \$3.50 \$ _____

Have your members been entered into Givebacks?* PTA Founders Day Gift \$ _____

No Yes **This is the only way members will receive their membership cards, and the only way dues payments will post to Givebacks.* Total Amount Enclosed \$ _____

Make payable to Florida PTA and mail to:

Florida PTA
1747 Orlando Central Parkway
Orlando, FL 32809

OFFICE USE ONLY Date Received: _____

Payment Year: _____ Check #: _____

of Members: _____ PTA Check Money Order Cashier Check

Region: _____ Amount: \$ _____ Entered into GB: _____ QB: _____

* PLEASE NOTE: There is a \$35 fee for any returned checks. Due to reporting requirements, we CANNOT refund membership overpayments.

PTA ETHICS/CONFLICT OF INTEREST POLICY

Name of PTA

Will Abide by the following:

- A conflict of interest exists when a board members would have to participate in the deliberation or decision of any issue of this PTA while, at the same time, the board member and/or his/her extended family has financial, professional, business, employment, personal and/or political interests outside the PTA that could predispose or bias the board member to a particular view, goal or decision.
- Board members shall declare to the officers of this PTA conflicts of interest (stating the nature of the conflict and pertinent information as appropriate) between their duties of this PTA and their and/or their extended families' financial, professional, business, employment, personal and/or political interests.
- When a conflict of interest is declared, the board members shall not use his/her personal influence of position to affect the outcome of this vote and shall leave the room during deliberations and the vote.
- The minutes of the meeting shall reflect that a conflict of interest was declared.
- Board members shall not during the term of office and thereafter;
 - a. Use PTA's name, influence, or resources for their benefit or gain when running for any public elected office or while serving as an elected official;
 - b. Directly or indirectly use their PTA position, the PTA name or organization for or against any specific candidate for elected public office, which is contrary to federal tax laws and the guidelines and policies of the PTA.
 - c. Board members and/or their families shall not use their relation to this PTA for financial, professional, business, employment, personal, and/or political gain.

We, the undersigned board members, have read and agree to abide by this policy and understand that the failure to adhere to the above guidelines may result in the termination of the undersigned as board members and will require the immediate return of all PTA property, documents and materials belonging to this PTA.

PTA ETHICS/CONFLICT OF INTEREST AGREEMENT

Print Name	Position	Signature	Date
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Print Name	Position	Signature	Date
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Print Name	Position	Signature	Date
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Petty Cash Box Report Denomination Breakdown

PTA Name: _____

Committee / Event: _____

Event Date: _____

Attach the cash box request form, the bank withdrawal, and the bank deposit transaction slips to this form.

Starting Cash				Ending Cash			
Dem	Qty	=	Amount	Dem	Qty	=	Amount
\$50	x _____	=	\$ _____	\$50	x _____	=	\$ _____
\$20	x _____	=	\$ _____	\$20	x _____	=	\$ _____
\$10	x _____	=	\$ _____	\$10	x _____	=	\$ _____
\$5	x _____	=	\$ _____	\$5	x _____	=	\$ _____
\$1	x _____	=	\$ _____	\$1	x _____	=	\$ _____
COINS				COINS			
50¢	x _____	=	\$ _____	50¢	x _____	=	\$ _____
25¢	x _____	=	\$ _____	25¢	x _____	=	\$ _____
10¢	x _____	=	\$ _____	10¢	x _____	=	\$ _____
5¢	x _____	=	\$ _____	5¢	x _____	=	\$ _____
1¢	x _____	=	\$ _____	1¢	x _____	=	\$ _____
			Total =				Total =
			\$ _____				\$ _____

Cash box beginning balance \$ _____

Cash box ending balance \$ _____

*Signature & Board Member Position **ACCEPTING** cash box

*Signature & Board Member Position **RETURNING** cash box.

President's Signature

Treasurer's Signature

Date: _____

Date: _____

***By signing this form, you are taking full responsibility of the cash provided as stated above. It is the responsibility of such signee to return the starting amount! as indicated. All petty cash must be deposited into the bank account before the end of the fiscal year, June 30th.**

PTA Deposit Form

PTA/PTSA NAME: _____

Submit items to be deposited and this completed form along with any accompanying documentation if any (such as check stubs, letter of payments, lists of members, PayPal, Eventbrite, Venmo, or Cash app reports, etc.

A copy of this form and any accompanying documentation must be filed in the appropriate section of the Treasurer's records.

Committee/Event: _____ **Date:** _____

Deposit Verified By: _____

Deposit Verified By: _____

***Must be counted and verified by two people**

Item	Quantity	Amount	Total Amount
Coins			
Ones			
Fives			
Tens			
Twenties			
Fifties/Hundreds			
TOTAL CASH			
TOTAL CHECKS			
TOTAL ELECTRONIC TRANSFER / ACH			
GRAND TOTAL DEPOSIT			

Treasurer Use Only

Transaction Date _____	Trans ID. _____	Amount \$ _____
Monthly Statement/Appeared: _____	Budget Updated: _____	

PTA Check Request Form

Requestor's Name: _____ Date: _____

Board Position: _____

Phone or Email: _____

Committee/Event: _____

Check Payable To: _____

Address: _____

Purpose: _____

Amount: _____

❖ Please submit this completed form with the original invoice(s) to the Treasurer.

Approved By: _____
President / Treasurer

Date: _____

Approved By: _____
Second Account Signer

Date: _____

Treasurer's Use Only

Check Date: _____

Check Number: _____

Amount: _____

Date Cleared: _____

Budget Updated: _____

DEBIT/CREDIT/GIFT CARD EXPENSE FORM

Date _____

ATTACH ALL RECEIPTS TO THIS FORM. COMPLETE ALL INFORMATION.

INFORMATION
<p>Name and Position of PTA Member Authorized to use card:</p> <p>_____</p> <p>Address: _____</p> <p style="margin-left: 100px;">_____ <i>(if needed)</i></p> <p style="margin-left: 100px;">_____</p>

Payment Description

Retailer/Reason for Charge	Charge To:	Amount
		\$
<i>Exact Amount of Debit/Charge</i>		\$

Signed: _____
Authorized User

Date: _____

Approved by:

President / Treasurer

NON ACCOUNT SIGNER

Date

Date

PTA DONATION RECEIPT

PTA Name: _____

PTA Address: _____

PTA Federal EIN Number: _____

Community participation is vital to the success of the PTA mission:

“To make every child’s potential a reality by engaging and empowering families and communities to advocate for all children.”

The PTA is a national non-profit organization dedicated to these values:

- **Collaboration:** We will work in partnership with a wide array of individuals and organizations to broaden and enhance our ability to serve and advocate for all children and families.
- **Commitment:** We are dedicated to children’s educational success, health, and well-being through strong family and community engagement, while remaining accountable to the principles upon which our association was founded.
- **Diversity:** We acknowledge the potential of everyone without regard, including but not limited to: age, culture, economic status, educational background, ethnicity, gender, geographic location, legal status, marital status, mental ability, national origin, organizational position, parental status, physical ability, political philosophy, race, religion, sexual orientation, and work experience.
- **Respect:** We value the individual contributions of members, employees, volunteers, and partners as we work collaboratively to achieve our association’s goals.
- **Accountability:** All members, employees, volunteers, and partners have a shared responsibility to align their efforts toward the achievement of our association’s strategic initiatives.

We simply cannot achieve our goal of enriching the educational opportunities of our children by bringing our schools, families, and communities together without the support of both individuals and local businesses. We are a non-profit membership organization with 501(c)(3) federal-exempt tax status, so your contributions are tax deductible.

Individual Donor / Business / Vendor: _____

Cash/Check Donation Amount: \$_____

Item(s) donated or “In-Kind” Donation	Estimated Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Items received by: _____

Date ____/____/____

PLEASE RETAIN FOR YOUR TAX RECORDS
Thank you so much for your involvement and commitment to our program!

_____, PTA President or Treasurer Signature

