

Client Name:

Audit Period:

Contact Person:

Contact Phone Number:

A.G.M. Date (or Date Required):

ASSOCIATION RECORDS CHECKLIST

	YES	NO	COMMENT
Cash Book(s) (If manual records)			
Receipt Book(s) [in duplicate]			
Bank Deposit Book [in duplicate]			
Cheque Book(s)			
Bank Statements or Passbooks			
Register of Members (if pay membership fees)			
Register of Assets (if applicable)			
Petty Cash Book (if applicable)			
Minute Book			
Invoices/Receipts for payments made			
Wage Book & Superannuation Records (if applicable)			
Stock on Hand details (if applicable)			
Copies of Business Activity Statements (if GST registered)			
Computer Data Disk (If computerised)			
Public Liability Insurance Policy (if applicable)			
Certificate of Incorporation (if not already provided)			
Names of President, Secretary & Treasurer			