



Temecula Valley Council of PTAs AUDIT COVER SHEET

School Name: _____

Audit Period: _____ to _____

Date Audit Due to Council: _____ *

Date Submitted to Council: _____

Unit Auditor's Name: _____

Unit Auditor's Phone Number: _____

Unit Auditor's E-mail Address: _____

I have included the following documents:

- Completed AUDIT CHECKLIST
- 2 copies of the AUDIT REPORT (signed by unit auditor, with both completion and adopted dates)
- 2 copies of the Recommendations (if applicable)
- Other: _____

***PLEASE NOTE:** Unit audits must be submitted to council by the due date, or council will request delivery of your books, and will complete an audit for you.

Send unit audits to: Temecula Valley Council PTA
 ATTN: COUNCIL AUDITOR
 27475 Ynez Rd., #121., Temecula, CA 92591

For Council Use only:

Date Audit Received: _____

Audit was: Complete Incomplete In need of revision

Date Audit Forwarded to District: _____

Notes: _____

