BA#_____

ANNUAL AUDIT REPORT

_____ BURIALASSOCIATION.
Service by_____FUNERAL HOME.
Address: Street _____ Town_____ Oklahoma, Zip Code_____
Box Number, *if* any_____ County_____ Telephone_____
President _____ Secretary-Treasurer_____
Funeral Director_____ Owner of Funeral Home _____
Amount of Treasurers Bond_____ Bond Number _____
Name and Address of Surety Company_____

AUDIT PERIOD: From_____Through_____

1. Balance carried forward from previous audit…….._____
PLUS:
2. All collections from members…….……_____
LESS:
3. Refunds given……..……_____
Bad checks……..…….._____
4. TOTAL DEDUCTIONS (total of line 3)……...…… $0.00
5. NET COLLECTED (line 2 Less line 4)……..…… $0.00
PLUS:
6. Interest earned from investments……_____
7. Other income……..……._____
8. TOTAL INCOME FOR PERIOD (line *5+6+7)*…… $0.00
9. TOTAL FUNDS AVAILABLE DURING PERIOD (line 1 + line 8)…… $0.00
LESS:
10. Expense paid……..._____
Claims paid to The Funeral Home……..……_____
Claims paid to others……._____
11 TOTAL FUNDS WITHDRAWN (total of line 10)…….. $0.00
12. BALANCE IN ASSOCIATION AT CLOSE OF AUDIT PERIOD……..…… $0.00

ACCOUNTING OF FUNDS
Balance in the Bank, Checking……._____
Balance in the Bank, Savings……_____
Total value of Investments……_____
Cash on Hand……_____
Less outstanding checks……_____
Other (explain)_____…… _____
TOTAL (Should agree with line 12) ……..$0.00

At the close of this audit period, do you have any outstanding claims which this Association has not been able to pay to its members? ☐ Yes ☐ No

I, _____, the undersigned, Name of Office _____ of_____, Burial Association of_____, Oklahoma being duly sworn for himself deposes and says, that he/she is an Officer in said Association, and on date of audit, all the above described assets were the absolute property of the said Association, free and clear from any liens or claims thereof, except as above stated and that all the foregoing statements are full and correct exhibit of all the assets, income liabilities and disbursements and, of the condition of the affairs of said Association to the best of his/her information, knowledge and belief.

_____
Claimant

Subscribed and sworn to before me_____, _____.

My Commission Expires_____, _____.

Notary Public _____