

March 2010

M E M O

TO: CHARTERED CHAPTERS  
PROSPECTIVE CHAPTERS IN STEP II  
REGIONAL FINANCE COORDINATORS

RE: VERIFICATION OF AUDIT - Fiscal year ending April 30, 2010

VERIFICATION OF AUDIT

Each chapter and region is required to submit a verification of audit.

Each region's or chapter's financial records should be audited by an internal audit committee or an independent third party such as an accounting firm. When making arrangements for a third party to conduct the audit, be sure to discuss the fee. It is not necessary for the auditor to do a complete audit and issue a formal or unqualified opinion. The auditor should primarily seek to verify bank balances and the proper recording of receipts and disbursements.

If there are any questions regarding the verification of audit process, please contact Donna Kerley, Director of Finance and Administration, at [donna@sweetadelineintl.org](mailto:donna@sweetadelineintl.org) or 1-800-992-7464 ext. 115.

Attached is the Verification of Audit form to complete. Please return to International Headquarters by **July 15, 2010**.

cc: Canadian Chapter President (memo only)

SWEET ADELINES INTERNATIONAL CORPORATION

P.O. Box 470168

Tulsa, Oklahoma 74147-0168

(918) 622-1444

1-800-992-7464

Fax: 1-918-665-0894

E-mail: [domna@sweetadelineintl.org](mailto:domna@sweetadelineintl.org)

**VERIFICATION OF AUDIT**

**Each chapter and region is required to submit a verification of audit annually.**

The completion of this form is M A N D A T O R Y.

This is to verify that the chapter's or region's books and financial records for the period of May 1, 2009, to April 30, 2010, have been audited by an internal audit committee or an independent third party such as an accounting firm. When making arrangements for a third party to conduct the audit be sure to discuss the fee. It is not necessary for the auditor to do a complete audit and issue a formal or unqualified opinion. However, please provide any written opinions or statements issued by a third party.

The auditor should primarily seek to verify bank balances and the proper recording of receipts and disbursements. If receipt of delivery is desired, send via Certified Mail, Return Receipt Requested.

Please indicate below with a check mark the type of audit conducted by the chapter.

- Internal Audit Committee
- Accounting or bookkeeping firm
- Non-chapter member, non-accounting professional
- Non-chapter member, accounting professional
- Other \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION, AS APPLICABLE, FOR EITHER THE CHAPTER OR THE REGION.**

CHAPTER NAME \_\_\_\_\_ REGION # \_\_\_\_\_

or

REGION NAME \_\_\_\_\_ REGION # \_\_\_\_\_

The financial records of the afore mentioned chapter or region have been reviewed and/or audited to ensure that all transactions have been recorded properly and that no discrepancies have been identified.

SIGNATURE OF FINANCE COORDINATOR \_\_\_\_\_

DATE \_\_\_\_\_

**COMPLETE THIS FORM AND RETURN TO INTERNATIONAL HEADQUARTERS BY JULY 15, 2010.**