

**COLORADO STATE COUNCIL**

**OFFICER GUIDELINES**

**AUDIT COMMITTEE**

The Audit Committee shall review the State Treasurer/Disaster Fund Chairman’s books. The Committee shall:

* Consist of no less than three (3) members with the retiring Treasurer/Disaster Fund Chairman Lamplighter Advisor serving as Chairman, the incoming Treasurer/Disaster Fund Chairman, and the incoming Treasurer/Disaster Fund Chairman’s Lamplighter Advisor.
* Meet with the outgoing Treasurer/Disaster Fund Chairman within forty-five (45) days after the close of the Colorado State Council (CSC) Convention, after the completion of the final Treasurer’s report.
* Use the CSC Bylaws and Standing Rules as a guide for the income and expenses recorded in the books.
	+ Outstanding expenses not covered in the Standing Rules must be approved by the Executive Board.

A completed report (form attached) from the committee shall be placed in the Treasurer/Disaster Fund Chairman’s files.

After the completion of the audit, the retiring Treasurer/Disaster Fund Chairman will complete the Tax Facts before transferring the books to the new Treasurer/Disaster Fund Chairman by August 1.

**COLORADO STATE COUNCIL**

**AUDIT COMMITTEE REPORT FORM**

The Audit Committee composed of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name, Chapter & Chapter Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name, Chapter & Chapter Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name, Chapter & Chapter Number

met with CSC Treasurer/Disaster Fund Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to review the Treasurer/Disaster Fund Chairman’s Books of the CSC.

The Audit Committee found all accounts to be in order: YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

If No, Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures of Audit Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Treasurer/Disaster Fund Chairman:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place a copy in the Treasurer/Disaster Fund Chairman’s files.