

\_\_\_\_\_PTA/PTSA  
**MONTHLY BANK STATEMENT VERIFICATION**  
**YEAR** \_\_\_\_\_

All bank statements must be reviewed monthly by a Board member that is not a check signer on the PTA/PTSA account. This document must be presented with your Insurance Application.

<b>MONTH</b>	<b>REVIEWED BY</b>	<b>DATE</b>
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____

Treasurer : \_\_\_\_\_