SEMIANNUAL AUDIT REPORT
Missouri Knights of Columbus
Ladies Auxiliary

Auxiliary Name: _____ **City:** _____ **Auxiliary No:**_____

Prepared by: _____

TRANSACTIONS

Income		Expenses	
Received-Dues/Initiations	$_____	RIB	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
Total Income	$0	Total Expenses	$0
		Net gain/(loss)	$0

ASSETS AND LIABILITIES

Assets		Liabilities	
Un-deposited Funds	$_____	Outstanding Bills	$_____
Checking Account Balance	$_____	_____	$_____
Savings Account Balance	$_____	_____	$_____
_____	$_____	_____	$_____
Total Current Assets	$0	Total Liabilities	$0
		Net Current Assets	$0

Signed this _____ day of _____ 20____

_____ Auxiliary President _____ Trustee

_____ Trustee _____ Trustee

The audit completion must be done semi-annually. Any form may be used; this is just one option of a form that can be used.