



January 2024

M E M O

TO: CHARTERED CHAPTERS
ALL PROSPECTIVE CHAPTERS
REGIONAL FINANCE COORDINATORS

RE: VERIFICATION OF AUDIT – Fiscal Year (2023) Ending April 30, 2024 This form is due to International Headquarters **by July 15, 2024**.

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.

Attached is the Verification of Audit form to complete. It may be returned via postal mail, fax or email at finance@sweetadelines.com. **Please only send one copy. Form must be in PDF or Word Doc form.**

If there are any questions regarding the verification of audit process, please contact the Finance Department, at finance@sweetadelines.com.

Please return to International Headquarters on or before July 15, 2024.

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VERIFICATION OF AUDIT

EACH CHAPTER AND REGION IS REQUIRED TO SUBMIT A VERIFICATION OF AUDIT ANNUALLY.

The completion of this form is MANDATORY.

This is to verify that the chapter's or region's books and financial records for the period of _____ to _____ for tax year 2023, (this is normally May 1st to April 30th, unless your year end is December 31st) 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.

Indicate the type of audit conducted by the chapter below.

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

*Please provide Name, Contact Information, and Signature of Auditor:

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

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 before 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 _____

*****PLEASE COMPLETE THIS FORM AND RETURN TO INTERNATIONAL HEADQUARTERS IN PDF OR WORD DOCUMENT FORM, ON OR BEFORE JULY 15, 2024.**