

NEW JERSEY STATE FIREMEN'S ASSOCIATION

LOCAL RELIEF ASSOCIATION AUDIT COMMITTEE

_____ FIREMEN'S RELIEF ASSOCIATION # _____

This is to certify that the Audit Committee of the _____
Firemen's Relief Association has completed a review of the financial records for
the year ending December 31, _____ and found them to be in order. This
review included the following:

- Verifying each check issued has 3 original authorized signatures.
- All checks issued were approved by motions and invoices and receipts were reviewed.
- Verifying year end balances to bank letters or statements.
- Inspection of bank documents to insure all accounts are in the name of the Association.

AUDIT COMMITTEE

Signature

Print Name

Committee Chairman: _____

Committee Member: _____

Committee Member: _____

State of New Jersey

County of _____

The above personally appeared before me and who being duly sworn, depose and say that the foregoing statements are true to the best of their knowledge and belief.

Subscribed and sworn to before me, this _____ day of _____ 20_____

(seal)

Signature of Notary Public