

# 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, 20\_\_\_\_ 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            )  
  )        ss  
County of \_\_\_\_\_,        )

On \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for said county, personally  
appeared \_\_\_\_\_, (signer(s)) who has/have satisfactorily  
identified him/her/themselves as the signer(s) to the above referenced document.

\_\_\_\_\_  
Notary Public Signature

(Affix Notary Stamp Here)

My Commission Expires: