

BA# _____

ANNUAL AUDIT REPORT

Service by _____ BURIAL ASSOCIATION.
 _____ FUNERAL HOME.
 Address: Street _____ Town _____ Oklahoma, Zip Code _____
 Box Number, if any _____ County _____ Telephone _____
 President _____ Secretary-Treasurer _____
 Funeral Director _____ Owner of Funeral Home _____
 Amount of Treasurers Bond _____ Bond Number _____
 Name and Address of Surety Company _____

AUDIT PERIOD: From _____ **Through** _____

1. Balance carried forward from previous audit.....
 PLUS:
2. All collections from members.....
 LESS:
3. Refunds given.....
 Bad checks.....
4. TOTAL DEDUCTIONS (total of line 3).....
5. NET COLLECTED (line 2 Less line 4).....
 PLUS:
6. Interest earned from investments.....
7. Other income.....
8. TOTAL INCOME FOR PERIOD (line 5+6+7).....
9. TOTAL FUNDS AVAILABLE DURING PERIOD (line 1 + line 8).....
 LESS:
10. Expense paid.....
 Claims paid to The Funeral Home.....
 Claims paid to others.....
- 11 TOTAL FUNDS WITHDRAWN (total of line 10).....
12. BALANCE IN ASSOCIATION AT CLOSE OF AUDIT PERIOD.....

ACCOUNTING OF FUNDS

Balance in the Bank, Checking.....
 Balance in the Bank, Savings.....
 Total value of Investments.....
 Cash on Hand.....
 Less outstanding checks.....
 Other (explain).....
TOTAL (Should agree with line 12)

At the close of this audit period, do you have any outstanding claims which this Association has not been able to pay to its members? ☐ Yes ☐ No

I, _____, the undersigned, Name of Office _____
 of _____, Burial Association of _____, Oklahoma
 being duly sworn for himself deposes and says, that he/she is an Officer in said Association, and on date of audit, all the above
 described assets were the absolute property of the said Association, free and clear from any liens or claims thereof, except as above
 stated and that all the foregoing statements are full and correct exhibit of all the assets, income liabilities and disbursements and, of
 the condition of the affairs of said Association to the best of his/her information, knowledge and belief.

 Claimant
 Subscribed and sworn to before me _____, _____.

My Commission Expires _____, _____.

Notary Public _____