

# **IOWA CORRECTIONS ASSOCIATION**

**FORMS**

**ICA AUDIT CHECKLIST**

**Audit Date** \_\_\_\_\_

Examine checks cleared for the fiscal year to ensure all are accounted for. \_\_\_\_\_

Examine all ledger entries for the fiscal year. \_\_\_\_\_

Examine all checkbook entries for the fiscal year. \_\_\_\_\_

Examine bank statements for each month. \_\_\_\_\_

Examine payment requests for all necessary receipts and proper signatures. \_\_\_\_\_

Starting balance in account as of July 1 for the fiscal year. \_\_\_\_\_

Ending balance in account as of June 30 for the fiscal year.

Total income for the fiscal year. \_\_\_\_\_

Total expense for the fiscal year. \_\_\_\_\_

List any errors:

Note suggestions and recommendations for the Executive Board, Treasurer or future Audit Teams.

\_\_\_\_\_  
Executive Board President

\_\_\_\_\_  
Executive Board Vice-President

\_\_\_\_\_  
At-Large Member

\_\_\_\_\_  
At-Large Member

Adopted 4/15/92  
Reviewed 3/95  
Revised 10/97  
Reviewed October 2012

IOWA CORRECTIONS ASSOCIATION

FY BUDGET REQUEST  
(July 1, through June 30, )

Committee: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**I. INCOME:**

Registration Fees \$ \_\_\_\_\_

A. Miscellaneous (Specify)

1. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**II. EXPENSES:**

A. Postmaster (Bulk Mailing) \$ \_\_\_\_\_

B. Postage (Stamps) \$ \_\_\_\_\_

C. Supplies (Materials/Rentals/Labels/Etc.) \$ \_\_\_\_\_

D. Printing \$ \_\_\_\_\_

E. Speakers (Honorarium, Meals, Lodging) \$ \_\_\_\_\_

F. Miscellaneous (Specify) \$ \_\_\_\_\_

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

All committee budgets must be submitted for review at an ICA Board Meeting.

**STAPLE RECEIPT(S) HERE  
TO BACK OF FORM.**

Treasurer's Use Only

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

***IOWA CORRECTIONS ASSOCIATION***  
**Payment Request**

***USE ONE FORM PER PAYEE***

**TO: Janet Stange  
Iowa Department of Corrections  
313 Lanedale  
Rockwell City, IA 50579**

**FROM:** \_\_\_\_\_

**COMMITTEE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_  
(Committee Chair Signature)



**REMIT TO:** \_\_\_\_\_  
(Name & Address)

**AMOUNT:** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

**ACCOUNT:** \_\_\_\_\_  
(From Approved Budget)

**ICA SCHOLARSHIP  
APPLICATION FORM**

MEMBER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SCHOLARSHIP APPLICANT: \_\_\_\_\_ MEMBER \_\_\_\_\_ CHILD

APPLICANT'S NAME: \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE (if known): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ICA MEMBER SIGNATURE: \_\_\_\_\_

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RETURN COMPLETED APPLICATION FORM TO:

ICA Training and Workshop Committee  
C/O Todd Roberts  
Sixth Judicial District DCS  
Cedar Rapids, Iowa 50314

APPLICATIONS MUST BE POSTMARKED NO LATER THAN .