

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 Team.

Executive Board President

Executive Board Vice-President

At-Large Member

At-Large Member

Iowa Corrections Association

FY:

Budget Request Form

Committee: _____

Submitted By: _____

I. Income

Registration Fees \$ _____

A Miscellaneous (please specify)

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

Total \$ _____

II. Expenses

A. Supplies (materials/labels/postage) \$ _____

B. Printing \$ _____

C. Speakers (honorarium/meals/lodging) \$ _____

D. Miscellaneous (please 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: **Hailey Hatrick, Treasurer
Iowa Corrections Association
10834 212th Ave
Anamosa, IA 52204
(319) 853-9060**

FROM: _____

COMMITTEE: _____

DATE: _____

(Committee Chair Signature)



REMIT TO: _____
(Name & Address)

AMOUNT: _____

PURPOSE: _____

ACCOUNT: _____

(From Approved Budget)

**ICA SCHOLARSHIP
APPLICATION FORM**

MEMBER'S NAME: _____
(must be an active member)
ADDRESS: _____

PHONE NUMBER: _____

SCHOLARSHIP APPLICANT: _____ MEMBER _____ CHILD

APPLICANT'S NAME: _____

NAME AND ADDRESS OF COLLEGE (if known): _____

ICA MEMBER SIGNATURE: _____

RETURN COMPLETED APPLICATION FORM TO:

ICA Training and Workshop Committee

Co-chair: _____

Only email submissions will be accepted. Email submissions to:

Email: _____

APPLICATIONS MUST BE RECEIVED VIA EMAIL NO LATER THAN _____