

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: _____

RETURN COMPLETED APPLICATION FORM TO:

ICA Training and Workshop Committee
C/O Todd Roberts
951 29th Ave S.W.
Cedar Rapids IA 52404