Fiscal Questionnaire

Organization Name:								
Is the organization a not-for-	Not-for-Profit	For Profit						
Is the organization subject to \$750,000 or more effective w	Yes	No						
Does the organization do its If no , indicate the na	Yes	No						
Name								
Address								
Contact Person								
Phone								
Email								
software does it use?	wn accounting, what accounting							
Does the organization have a	a current financial procedures manual?	□Yes	□No					
	reviewed and updated?							
Does the organization have a Submit if yes.	□Yes	□No						
If yes, what allocatio	n methodology is used?							
Does the organization have a Submit if yes.	□Yes	□No						
Does the organization have a Submit if yes.	□Yes	□No						
How often is a trial balance p								
Accounting System Disbursements/Reconciliation								
Are all disbursements made	□Yes	□No						
Are all checks pre-numbered	□Yes	□No						
Who is authorized to sign cho	ecks? Please indicate name and title(s).							
How often is the bank reconciliation prepared?								
	Contact Information for Organization's Auditing Firm	n						
Name								
Address								
Contact Person								
Phone								
Email								

Segregation of Duties: List employee names and job titles across top and mark duties performed by each employee. Include agency name and date on this document.

Name of Employee			
Title of Employee			
Approves Purchase Orders			
Verifies Receipt of Order			
Signs Manual Check			
Signs Machine Check			
Custodian of Check Signing Device			
Custodian of Blank Checks			
Prepares Checks for Payment			
Distributes Checks			
Reviews Checks Post Printing			
Post Disbursements			
Computes Cost Allocations			
Receives Cash			
Posts Receipts			
Deposits Receipts			
Custodian of Petty Cash			
Petty Cash Replenishment			
Audits Petty Cash			
Bank Reconciliations			
Maintains General Ledger			
Prepares Financial Statements			
Approves Financial Reports			
Approves Payments			
Access to use LWIA Automatic			
Teller/Debit Cards			