



Vietnam Veterans of America
8719 Colesville Road, Suite 100
Silver Spring, MD 20910

Date: _____

APPLICATION FOR WAIVER OF BOND REQUIREMENTS

I. Chapter/State Council Name: _____

II. Mailing Address: _____

City: _____ State: _____ Zip: _____

III. Phone Number: _____ Fax Number: _____

IV. Please answer the following questions completely and as accurately as possible.

A. Audit: What steps are taken by auditing committee to certify that the information contained within the annual financial report is true, correct, and complete?

B. Policy & Procedures. Is there a formal policy & procedures manual? Yes No
If yes, please attach a copy. If no, please answer each question in detail.

Are request for travel submitted in writing including the name of the traveler, dates of travel, destination and purpose? If no, please explain in detail how your cash disbursements can be accurate or how the financial reports are accurate?

How many bank accounts are maintained by your chapter? _____

Are two signatures required for issuing checks? Yes No If not, why? _____

Are any checks issued without an officer's signature? No Yes If yes, why? _____

Are purchase orders required for expenditures over a certain dollar amount?

If yes, what amount?

If no, why not?

What dollar amount requires a receipt for payment to be made? If no receipt is required, why? _____

Are bank statements reconciled monthly? Yes No If not, why? _____

Are incoming checks immediately stamped for deposit only? Yes No If not, why? _____

Are all blank checks maintained under lock and key? Yes No If not, how are blank checks protected?

Please list all sources of income. _____

is the total amount of chapter assets? _____

What was the largest balance in your account in the past 90 days? _____

C. Record Retention. The following records are permanent corporate documents.

Please explain how and where these records are secured.

Annual financial reports and tax records.

Receipts and disbursements records

Fixed assets and property records

Corporate minutes

Report submitted by: _____

Date: _____

Signature: _____

Please list the name and telephone number of the following:

Chapter President : _____ Phone: _____

Chapter Treasurer: _____ Phone: _____