

Financial Transaction Audit Checklist

Date:

Auditor Name:

Department/Entity:

Checklist

Audit Item	Yes	No	Comments
All transactions properly authorized?	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate supporting documents attached?	<input type="checkbox"/>	<input type="checkbox"/>	
Entries recorded in correct accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Timely record of transactions?	<input type="checkbox"/>	<input type="checkbox"/>	
Compliance with policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
Reconciliations completed and reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	
Segregation of duties maintained?	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Notes / Observations:

Auditor's Signature:

Date: