

Audit Quote Form
(Superannuation Funds)

Name of Fund _____
Contact Person _____
Contact Address _____
Contact Telephone () _____

1. How many trustees/members of the fund? _____
2. Does the fund have a corporate trustee? Yes / No (please circle)
3. What type of investments does the fund hold? _____

4. How many bank account transactions are there in a year (average)? _____
5. How many investment changes does the fund make in a year (ie: buying & selling)? _____
6. Who prepares the financial statements of the fund? _____
7. Who prepares the tax return of the fund? _____
8. Have there been any known breaches of the SIS act in recent times? Yes / No (please circle)
If yes, please provide detail _____

9. How are the financial records of the fund kept (for example: quickbooks, manual cashbook, bank statements)? _____

10. Date audit is required? _____

To assist us to evaluate and therefore quote on the completion of an audit for the fund please supply with this questionnaire a copy of the latest **audited financial statements** for the organisation. An evaluation will not be able to be made unless the financial statements are attached.

Thankyou for your enquiry, we will contact you shortly. Please fax this questionnaire and financial statements to us on (07) 4662 4023 or post to Queensland Audit Services PO Box 104 Dalby Q 4405.