

LARGE PROPRIETARY COMPANY

AUDIT QUOTE FORM



Please complete pages 1 and 2 and fax along with last year's financial statements to (07) 4662 4023.

Company _____
Contact _____
Address _____
Phone Number _____ Fax Number _____
Email _____

A INCOME

A1 Approximate number of income transactions _____

A2 List the top 3 (by value) income items for your business:

1. _____
2. _____
3. _____

A3 Do you issue receipts for payments made? Yes/No

A4 Do you issue invoices for sales made? Yes/No

A5 Do you have accounts receivable? Yes/No
Average balance total \$ _____ Average number of A/cs _____

B EXPENSES

B1 Approximate number of payments made during the year (includes cheque and EFT transfers) _____

B2 List the top 3 (by value) expense items for your business:

1. _____
2. _____
3. _____

B3 How do you retain and file invoices and other documentary evidence of expenses?

C BOOKKEEPING

C1 What accounting records do you maintain?

C2 Do you employ staff specifically to perform the accounting/bookkeeping function? Yes/No

C3 Do you have established procedures governing the following areas?

- | | | |
|----|-------------------------------|--------|
| a) | Debtors/Accounts Receivable | Yes/No |
| b) | Creditors/Accounts Payable | Yes/No |
| c) | Income receipting and banking | Yes/No |
| d) | Invoicing | Yes/No |
| e) | Bank Reconciliation | Yes/No |
| f) | Financial Reporting | Yes/No |
| g) | Management Reporting | Yes/No |
| h) | Journalling/non-cash entries | Yes/No |

D OTHER

D1 Briefly describe or sketch out your organizational chart

D2 How many staff do you employ? _____

D3 How often does the board/directors meet?
