

AUDITOR APPOINTMENT FORM

PLEASE COMPLETE AND RETURN BY MARCH 31st

To: The Episcopal Diocese of Western Massachusetts
Attn.: Melanie Stone
37 Chestnut Street
Springfield, MA 01103-1787 or

email to: mstone@diocesewma.org

Name of Congregation: _____

City/Town: _____

(Choose one of the following three options)

The members of our Three-Person Audit Committee are:

The following Certified Public Accountant will perform the Audit.

Name of CPA _____

Address: _____

We have engaged currently not an option to perform the audit.

Check Here: _____

If the Auditor or Audit Committee members hold any elected offices in the parish or mission, please state the office(s) they hold: _____

Are the Auditor or Audit Committee members in any way related to the Treasurer or other persons who maintain the financial record of the parish? _____

A Certificate of Audit will be forwarded to Diocesan House by July 1.

Yes No (If "No" please give an explanation and state the date by which the Certificate of Audit will be received): _____

The above information is provided by: (Priest, Sr. Warden, or Finance Chair)

Signed: _____ Name: _____

Title: _____ Date: _____