

financial discrepancy report form

NEW YORK STATE PTA®
One Wembley Court, Albany, New York 12205-3830
1-518-452-8808 • Toll Free 1-877-569-7782 • 1-518-452-8105 (Fax)

Name of PTA _____ Unit Number ____ - _____

PTA Address _____ Region _____

City _____ State _____ ZIP _____

Date _____

Contact Person/Position _____
{Name} {Position}

Phone Number _____

Amount of Financial Discrepancy \$ _____

Date of Discovery _____

Provide details of financial discrepancy and how it was discovered

Proof of Discrepancy (Please attach copies)

Police Report (if any) # _____

Send (mail or email) one copy of this form to the New York State PTA Office, one copy to the Region Director, and one copy to the New York State Treasurer. Keep one copy in your file with copies of documented proof.

THIS IS A CONFIDENTIAL DOCUMENT USED FOR INSURANCE INVESTIGATIVE PURPOSES.