

CERTIFICATION OF AUDIT

Date _____

TO SHENANDOAH DISTRICT AUDITOR:

This is to certify that I have audited the financial records beginning

May 1, _____ and ending April 30, _____ of the _____
(year) (year) (District Organization)

for _____ and have found them to be correct and in order.
(Treasurer's Name)

Auditor Name (print or type)

Auditor Signature

Mail To:

Shenandoah District Office
P.O.Box 7165 Roanoke, VA
24019

Email: info@shenandoahdistrict.ws