



DEPARTMENT OF FLORIDA VFW



POST INSPECTION FORM 2018-2019

Inspection Date _____

DISTRICT _____ POST _____ NAME _____

The primary purpose of this inspection is to instruct and aid you in the correction of deficiencies, should they exist. The questions that have been asked are used to stimulate you and your officers in the areas that require extra attention and safeguarding, or are required by National By-Laws, State Regulations or Florida State laws. Should you need or desire any assistance in the areas that have been covered by this inspection, the District Inspector, District Commander, and the State Inspector will be available.

Inspectors will evaluate each question and circle either "YES" or "NO"
All discrepancies must be explained at the end of form citing question number

This Inspection is based on month ending _____

Adjutant

- A1 Are the Adjutant records current and legible? YES NO
A2 Do Adjutant minutes reflect the following? YES NO
a) Have all expenditures been approved by the membership? YES NO
b) Are all applications for new, reinstated, transferring members read for approval? YES NO
A3 Are member applications properly kept on file? *Must see file* YES NO
A4 Are By-Laws adopted in accordance with Section 202 of National By-Laws? YES NO
Date of review and/or approved _____
A5 Does the Post have proof of eligibility on file for all Post Officers, elected and appointed? YES NO
A6 Did the Post elect a new quartermaster? YES NO
a) If yes, was a IRS form 8822b submitted? N/A YES NO

Trustees (At least one trustee must be present)

- T1 Do Trustees review and sign Quartermaster's monthly Report of Receipts and Expenditures? YES NO
T2 Are Trustees verifying checks written against invoices/backup paperwork and does the ledger input match? (Must show proof) YES NO
T3 Are Trustees verifying deposits match receipts/register tapes/backup paperwork and match ledger input? (Must show proof) YES NO
T4 Do Trustees audit all of the Quartermaster's accounts each quarter? YES NO
T5 Have all previous quarterly audits been submitted? (check last 4 Audits) YES NO
T6 Does ending and starting balance for each quarter correspond? YES NO
If NO, what quarters do not correspond: _____
T7 Are receipts deposited or turned over to Quartermaster at least weekly? YES NO
T8 Are the records of the Post Adjutant audited monthly? YES NO
T9 If Post has a Canteen; do Trustees audit a Canteen inventory at least monthly? N/A YES NO

Quartermaster

Q1	Does the Post use a VFW uniform system of records and accounts?		YES	NO
Q2	If using electronic books, do they have a backup?	N/A	YES	NO
Q3	Are the records kept at the Post home under the Quartermaster's control?		YES	NO
Q4	Does Post Quartermaster have custody of all funds (including club, bingo/instant bingo)?		YES	NO
Q5	Have all Post obligations been paid including dues to District?		YES	NO
Q6	Are Quartermaster books available to the members when requested?		YES	NO
Q7	Reconciled Account Balances			
	Checking Account (s)	\$ _____		
	Savings Account(s)	\$ _____		
	CD's and/or Bonds	\$ _____		
	Cash on Hand	\$ _____		
	Reconciled Balance Total	\$ _____		
Q8	Does the bank statement(s) match the reconciled balances?		YES	NO
Q9	Does the balance of accounts match the balance of funds?		YES	NO
	Fund Balance	\$ _____		
Q10	Is the Quartermaster bonded?		YES	NO
	Amount of Bond	\$ _____		
	Bonding Company _____	Expiration date _____		
Q11	Is the bond greater than the Reconciled Balance Total in Q6 above?		YES	NO
Q12	Are all checks signed by the Quartermaster and/or another authorized person for <u>all</u> accounts		YES	NO
Q13	If another person is authorized, is that person bonded? (**one signature only**) N/A		YES	NO
	(**including the Commander, Canteen Manager, or Bingo Chairman**)			
	Amount of Bond	\$ _____		
	Bonding Company _____	Expiration date _____		
Q14	Is a monthly report made to the membership on all accounts?		YES	NO
Q15	Does the Post distribute Buddy Poppies?		YES	NO
Q16	Are Buddy Poppy receipts used for Relief Fund only?		YES	NO
Q17	Does the Post carry all proper types of insurances? N/A		YES	NO
	Liability Insurance			
	Name of Insurance Company _____			
	Policy Number _____	Coverage \$ _____		
	Expiration date of policy _____			
	Liquor Liability Insurance (if different from Liability Insurance Company) N/A			
	Policy Number _____	Coverage \$ _____		
	Expiration date of policy _____			
	Worker's Compensation N/A			
	Policy Number _____	Coverage \$ _____		
	Expiration date of policy _____			
Q18	Is the Department of Florida and National VFW listed as an additional insured?		YES	NO
	Visual verification required			
Q19	Are payroll records maintained on all employees? (W4's, W9's on file), (if applicable) N/A		YES	NO
Q20	Does Post issue W-2's for employees? N/A		YES	NO
Q21	941, 940, UTC filed on time? N/A		YES	NO
	Post Federal ID Number _____			

- Q22 State Sales Taxed filed on time? YES NO
 Post Sales Tax Number _____
- Q23 Has IRS form 990 For FY 2017-2018 been filed by November 15th? YES NO
 Date of filing _____
- Q24 Verify a copy has been sent to Dept Head Quarters. YES NO
- Q25 Has Health Department fee been paid? N/A YES NO
 County _____ Number _____
- Q26 Does the Post have amusement machines? (If No; go to Q26) YES NO
- Q27 Does the number of machines in Post-match the number listed on the permit? YES NO
 Amusement Permit Number _____ Expiration Date _____
- Q28 Does the Post operate a Bingo? (If NO go to C1) YES NO
- Q29 Are the State of Florida Bingo Laws available during a bingo session? YES NO
- Q30 Are the names of the Bingo workers posted? YES NO
- Q31 Is the Bingo Cashier or Chairman bonded? YES NO
 Bingo license number (if appropriate) _____
 County of Post _____
 Bonding Company _____
 Amount of Bond \$ _____
- Q32 Are net receipts turned over to Quartermaster? YES NO
- Q33 Are Bingo records current and legible? YES NO

Commander

- C1 Does the Post have a Post Home? YES NO
 If owned, appraised value \$ _____
 Monthly Payment \$ _____
 Title holder's name _____
 If renting, amount of rent \$ _____
 Owner's name/address _____
- C2 Is Post incorporated? YES NO
 Document Number _____
- C3 Did Post file an Annual Report with Florida Department of State? YES NO
 Date of filing _____
- C4 Does Post have a Canteen? (If NO; go to C12) YES NO
 Form of management (circle one) Canteen Manager, House Committee, or Quartermaster
- C5 Is the management answerable to Post membership? YES NO
- C6 Is the VFW name on Liquor License? YES NO
 Name on License _____
 License Number _____ Date of issue _____
- C7 Has the membership adopted regulations for the operation of the Canteen? YES NO
- C8 Are the Canteen rules posted in Post for everyone to see? YES NO
- C9 The Canteen records are kept by (circle one) Canteen Mgr, House Committee, Quartermaster
- C10 Is manager listed with DABT? YES NO
 If not Mgr, who is listed _____

C11 Is the patronage limited to bona fide members and their guests? YES NO

C12 Does post allow smoking? If yes, List employees with membership number. (VFW or VFW Aux) YES NO

Position	Name	Membership Number
Canteen Manger	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Janitor	_____	_____
Other	_____	_____
Other	_____	_____

All discrepancies must be corrected and the State Inspector notified of the corrections by 31 March 2018.

ADDITIONAL INFORMATION AND COMMENTS BY THE DISTRICT INSPECTOR:

All questions with a NO circle must be answered here.

**Post Commander, Post Quartermaster, Post Adjutant and Post Trustee;
By signing this inspection form, you are verifying and ensuring the accuracy of all the information
provided on this inspection report**

Mail original to Department Headquarters (Inspection Report may be emailed to Dept HQ)

Adjutant
(print)_____

Trustee
(print)_____

Quartermaster
(print)_____

Post Commander
(print)_____

District Inspector
(print)_____

Date Reviewed

Sate Inspector

(Post Inspection form revised August 27, 2018)