

NOTICE OF AN AUDIT PANEL

(Calendar Year _____ Audit)

To: The Rt. Rev. J. Michael Garrison
c/o Mrs. Kathleen C. Williams
1114 Delaware Avenue
Buffalo, NY 14209

From: Congregation _____ Submitter's Name: _____
City or Town _____ Submitter's Phone # _____

Pleased be advised that our congregation, which the Diocesan Council has approved for use of an audit committee, has selected the following persons to serve as its audit panel:

Member #1 (Convenor):

Name _____ Phone # _____

Home Address: _____

This member ____ has previously submitted a voluntary information sheet (or)
_____ the volunteer information sheet is attached.

Member #2 Member

Name _____ Phone # _____

Home Address: _____

This member ____ has previously submitted a voluntary information sheet (or)
_____ the volunteer information sheet is attached.

Member #3 Member

Name _____ Phone # _____

Home Address: _____

This member ____ has previously submitted a voluntary information sheet (or)
_____ the volunteer information sheet is attached.

Member #4 Extra Member:

Name _____ Phone # _____

Home Address: _____

This member ____ has previously submitted a voluntary information sheet (or)
_____ the volunteer information sheet is attached.

The Committee has scheduled its first meeting for (date) _____.

(Note: Audit Committees should be formed by May 1st).