



## VFW Prior Loss Questionnaire

Post Name and Number: \_\_\_\_\_

Post City and State: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

### 1. Incident Summary

Please describe in specific detail how the employee theft occurred and how it was discovered:

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### 2. Risk Mitigation & Internal Controls

**a.** What specific internal processes or controls have you implemented since the loss to prevent the loss from happening again?

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**b.** Who, other than individuals responsible for writing or authorizing payments or deposits, reviews the actual bank statements? How frequently is this review conducted?

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**c.** What specific procedures are in place to ensure that more than one individual is responsible for reconciling sales and cash on hand?

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**d.** How frequently are deposits of cash and checks made to bank account and who is making them?

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**e.** What steps have you taken to ensure that no single person has complete control over all aspects of a financial transaction or asset management (e.g., ordering, approval, inventory and receipt of goods)?

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### **3. Additional Information**

Please include any additional information that may be relevant to the loss, recovery efforts, or internal changes made since the incident:

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### **4. Declaration**

I hereby certify that the information provided above is accurate and complete to the best of my knowledge.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_