



DEPARTMENT OF FLORIDA VFW



POST INSPECTION FORM 2024-2025

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?
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 an 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 matches 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

Q22	Has IRS form 990 For FY 2023-2024 been filed by November 15 th ? Date of filing _____	YES	NO	
Q23	Verify a copy has been sent to Dept Head Quarters. Post Sales Tax Number _____	YES	NO	
Q24	State Sales Tax filed on time (DR15)?	YES	NO	
Q25	Has the State RTC been filed?	YES	NO	
Q26	Has Health Department fee been paid? Expires on _____ Number _____	N/A	YES	NO
Q27	Does the Post have amusement machines? (If No; go to Q28)	YES	NO	
Q28	Does the number of machines in Post-match the number listed on the permit? Amusement Permit Number _____ Expiration Date _____	YES	NO	
Q29	Does the Post operate a Bingo to include Instant Bingo (pull tabs)? (If NO go to C1)	YES	NO	
Q30	Are the State of Florida Bingo Laws available during a bingo session?	YES	NO	
Q31	Are the names of the Bingo workers posted? (Instant bingo not applicable)	YES	NO	
Q32	Is the Bingo Cashier or Chairman bonded? Bingo license number (if appropriate) _____ County of Post _____ Bonding Company _____ Amount of Bond \$ _____	YES	NO	
Q33	Are net receipts turned over to Quartermaster?	YES	NO	
Q34	Are Bingo records, including instant bingo, current and legible?	YES	NO	

Commander

C1	Does the Post have a Post Home? If owned, appraised value \$ _____ Monthly Payment \$ _____ Title holder's name _____ If renting, amount of rent \$ _____ Owner's name/address _____	YES	NO
C2	Is Post incorporated? Document Number _____	YES	NO
C3	Did Post file an Annual Report with Florida Department of State? Date of filing _____	YES	NO
C4	Does the Post have a voucher system for the Commander to sign prior to Quartermaster making Disbursement? (Must see system Used)	YES	NO
C5	Does Post have a Canteen? (If NO; Inspection Complete) Form of management (circle one) House Committee, or Quartermaster	YES	NO
C6	Is the management answerable to Post membership?	YES	NO
C7	Is the VFW name on Liquor License? Name on License _____ License Number _____ Date of issue _____	YES	NO

- C8 Has the membership adopted regulations for the operation of the Canteen? YES NO
- C9 Are the Canteen rules posted in Post for everyone to see? YES NO
- C10 The Canteen records are kept by (circle one) Canteen Mgr, House Committee, Quartermaster
- 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 Manager	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Bartender	_____	_____
Janitor	_____	_____
Other	_____	_____
Other	_____	_____

