

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:

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?

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

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

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

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)?

3. Additional Information

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

4. Declaration

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

Name: _____

Title: _____

Signature: _____

Date: _____