

2017-2018 CSA Allocations Operating Funds Audit Form

| |
|----------------------------|
| Received: _____ |
| Reviewed: _____ |
| Amt. Recd: \$ _____ |
| Amt. Spent: \$ _____ |
| Amt. Retd: \$ _____ |
| E-mail: _____ |
| REQ ID: _____ |
| FOR OFFICE USE ONLY |

Due to the Center for Student Leadership and Service in the Ohio Union,
attn: Lindsay Marx no later than May 1, 2018. Organizations are encouraged to submit
this form as soon as spending is complete.
Do NOT return audits to the Information Center or Administrative Office. This form must
be completed by the treasurer.

Treasurer Name (Print first name, last name, OSU username.#): _____

Organization _____

Treasurer Signature: _____

By signing above, I certify the information presented in the audit is accurate and these expenses were not for the financial gain or profit of the organization. I understand any misinformation may jeopardize this organization's funding and result in judicial action.

Directions

Follow the example and fill out information for each receipt you are turning in.
The receipts must be original and itemized in order to count towards the audit.
Please list each receipt separately - do not total receipts within any category.
Do not use highlighter on receipts - it will erase the printing and your receipt cannot be audited. Use a pen to make notes.
Refer to 2016-2017 Student Organization Guidelines for Fundable/Non-Fundable expenses for these categories.

| Category | Vendor(s) | Amount | Explanation | Audited Amt. [Office Only] |
|--|--|-------------------------------------|---|----------------------------|
| <u>Ex.</u> Office Supplies | <u>Ex.</u> Staples Office Max Dunder Mifflin | <u>Ex.</u> \$20 \$15 \$120.00 | <u>Ex.</u> Post-its for office Ink cartridge for printer Paper for office printer | |
| Advertising/Promotion/ Printing | | | | |
| Bank Charges/Dues/Legal Fees | | | | |
| Books/Subscriptions | | | | |
| Equipment/Facility Rental | | | | |
| Food (50% of allocated Operating Funds) Must be for recruitment, not general meeting | | | | |
| Membership Awards *Provide names of any gift card recipients on the back page of this audit form | | | | |
| Office Supplies | | | | |
| Travel/Transportation | | | | |
| Other | | | | |
| TOTAL EXPENSES | | | | |