### 2018-2019 CSA Allocations

#### Programming Funds Audit Form

Due to the Center for Student Leadership and Service (Room 2095) in the Ohio Union, attn: Angela Britton within 30 days of the scheduled program date.

Do NOT return audits to the Information Center or Administrative Office.

This form must be completed by the treasurer. If you are the program planner, please consult with the treasurer to ensure accuracy.

Full Student Organization Name: ________________________

Title of Program: ________________________

Date of Program: ________________________

Location of Program: ________________________

### Directions

Follow the example and fill out information for each receipt you are turning in.

The receipts must be original, itemized, and legible in order to count towards the audit.

Please list each receipt separately - do not total receipts within any category. Use an additional sheet if necessary.

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 2018-2019 Student Organization Guidelines for Fundable/Non-Fundable expenses for these categories.

### Income

* Did you have outside income for this event (i.e. admission fee, sponsors, university department contribution, other student organizations etc.)? Circle One: YES or NO. If so, please list all sources of income below and attach all supporting documents to the audit.

<table>
<thead>
<tr>
<th>Source(s)</th>
<th>Net Amount for organization</th>
<th>Audited Amt. (Office only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Venmo/Paypal/Undergraduate Student Government</td>
<td>Ex. $300</td>
<td></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Vendor(s)</th>
<th>Amount Spent</th>
<th>Explanation</th>
<th>Audited Amt. [Office Only]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Entertainment</td>
<td>Ex. Southwest</td>
<td>Ex. $290</td>
<td>Ex. Speaker Flight</td>
<td></td>
</tr>
<tr>
<td>&amp; Mr. Brutus</td>
<td></td>
<td>$200</td>
<td>Speaker Fee (waived)</td>
<td></td>
</tr>
<tr>
<td>&amp; Staples</td>
<td></td>
<td>$45.67</td>
<td>Printer cartridge, nametags</td>
<td></td>
</tr>
</tbody>
</table>

**Speaker Costs** **Provide names of any gift card recipients on the back page of this audit form**

- Entertainment
- OSU Facilities
- Personnel
- Labor
- Equipment Rental
- Consumable supplies
- Food and beverages - 40%*
- Publicity - 20%*
max rate = Resource Room Cost for same services

additional categories on reverse
### Take-Aways - 20%*
Note: Prizes are not a reimbursable expense.

### Apparel - 20%*

### Other

### TOTAL EXPENSES

<table>
<thead>
<tr>
<th>Use for Service/Outreach Programs only:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation</strong></td>
</tr>
<tr>
<td>(max. 50%)</td>
</tr>
<tr>
<td><strong>Lodging</strong></td>
</tr>
<tr>
<td>(max. 50%)</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
</tr>
</tbody>
</table>

### Program Evaluation

In an effort to keep track of all the great things student organizations at OSU are doing, we ask that you fill out this mini evaluation of the program your organization received funding for. We ask that you are honest in your evaluation, as nothing stated here will affect future funding decisions. We are simply using it to keep track of the exciting programs OSU students are putting on. Thanks!

<table>
<thead>
<tr>
<th>Attendance at program:</th>
<th>Number of students at program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief evaluation of program (include information such as topic of event, speaker presentation information, general feedback from others, changes you would make, etc):

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

I certify that the information presented in the audit is accurate and that this event did not generate income which profited the organization. I understand that any misinformation may jeopardize this organization’s funding and result in judicial action.

Treasurer Name (Please print):

Treasurer Signature:

Treasurer OSU username:#: Date:  

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If you want funds to be paid to a University Department, please enter the chartfield information below.