## 2016-2017 CSA Allocations **Programming Funds Audit Form**

Due to the **Center for Student Leadership and Service** in the Ohio Union, attn: MacGregor Obergfell 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.

Received:
Program #
Vendor:
App. Amt: \$
Check Amt \$:
IO Amt \$:
JE Amt \$:
Email Group:
FOR OFFICE USE ONLY

Full Student Organization Name:	
Title of Program:	
Date 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.

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  * % is of total program cost, not just category	Vendor(s)	Amount Spent	Explanation	Audited Amt. [Office Only]
Ex. Entertainment	Ex. Southwest Mr. Brutus Staples	<u>Ex.</u> \$290 \$200 \$45.67	<u>Ex.</u> Speaker Flight Speaker Fee (waived) Printer cartridge, nametags	
Speaker Costs				
Entertainment				
OSU Facilities				
Personnel Labor				
Equipment Rental				
Consumable supplies				
Food and beverages - 40%*				
Publicity - 20%*				
max rate = Resource Room Cost for same services				
Take-Aways - 20%*  **Provide names of any gift card recipients on the back page of this audit form				
Apparel - 20%*				
Other				
TOTAL EXPENSES				
service/outreach travel of	rategories on reverse			page 1 of 2

Transportation (max. 50%)								
Lodging (max. 50%)								
TOTAL EXPENSES								
Program Evaluation								
program your organization	n received funding for. We	e ask that you	ons at OSU are doing, we ask that you fill are honest in your evaluation, as nothing siting programs OSU students are putting	stated here will affect future				
Attendance at program:	ance at program:  Number of students at program:							
Brief evaluation of prog	ram (include information s		of event, speaker presentation information ou would make, etc):	, general feedback from others,				
	and that any misinformation		d that this event did not generate income lize this organization's funding and result i					
Treasurer Signature:								
			D. /					
Treasurer OSU username	<del>3.#</del> :		Date:	page 2 of 2				

Use for Service/Outreach Programs only: