

2009-2010 CSA Allocations Programming Funds Audit Form

Due to the Information Center of the Ohio Union
at Ohio Stadium (between Gates 22 & 24)
to Jeff Pelletier, within 30 days after the event.

Received: _____
Program # _____
App. Date _____
App. Amt: \$ _____
Reim. Amt: \$ _____
E-mail: _____
FOR OFFICE USE ONLY

Full Student Organization Name: _____

Form Completed By (first & last name, username.#): _____

Title of Program: _____

Date of Event: _____

Directions: Please 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 reimbursement.

Category	Vendor(s)	Amount Spent	Explanation	Audited Amt. [Office Only]
<u>Ex.</u> Entertainment	<u>Ex.</u> 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				
Security and Safety				
Equipment Rental				
Consumable supplies				
Food and beverages (max. 25% or \$5 per student participant)				
Publicity (max. 20%)				
Take-Aways (max. 20%)				
Apparel (max 15%)				
Other				

