2005-2006 CSA Allocations
Programming Funds Audit Form

Due to the Ohio Union (Room 237) to Amy Elliott within 30 days of the event.

Organization Name: __________________________________________________________

Form Completed By (print name):________________________________________________

Title of Event: _________________________________________________________________

Date of Event: _________________________________________________________________

Directions: Please follow the first example and fill out information for each receipt you are turning in. Please remember the receipts must be **original** and **itemized** in order to be used towards the audit.

<table>
<thead>
<tr>
<th>Category</th>
<th>Vendor(s)</th>
<th>Amount Spent</th>
<th>Explanation</th>
<th>Audited Amount (Office Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entertainment</td>
<td>ex. Mr. Brutus Buckeye, Southwest Airlines</td>
<td>$200, $215.73</td>
<td>Speaker fee, flight for Mr. Buckeye</td>
<td></td>
</tr>
</tbody>
</table>

Entertainment

OSU Physical Facilities

Tickets

Publicity

Security and safety

Food and beverages


If approved for an off-campus service project:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transportation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lodging</strong></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES**

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*I certify that the information presented in the audit is accurate. I understand that any misinformation may jeopardize this organization's funding and result in judicial action.*

Treasurer Name (Please print):
____________________________________________________________

Treasurer Signature: _____________________________________________________________

Treasurer E-mail Address: ___________________________ Date: ______________

**For Office Use Only:**

Audit Reviewed by: ___________________________

Date Audit Completed: ___________________________

Amount Spent: ___________________________

Amount Returned: ___________________________ Method of payment: _________
CSA Allocations Programming Funds
Program Evaluation

In an effort to keep track of all the great things student organizations at OSU are doing, we ask that you take a few minutes to fill out this mini evaluation of the program the organization received funding for. We ask that you are open 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!

Name of program: ______________________________________________________________

Number of students at program: __________________________________________________

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

____________________________________________________________________________
____________________________________________________________________________
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