

ISU Member Organization Program Audit Form

Member organization name: _____

ISU Representative: _____ Email: _____

Treasurer: _____ Email: _____

Advisor: _____ Email: _____

Program advisor, date and brief description:

Amount of funding received from ISU: _____

Itemized expense report

Attach a copy of the receipt for each item; attach additional sheets if needed.

| Date | Payee | Description | Amount | Receipt |
|------------------------------|------------------------|--------------------------------------|----------------|------------|
| <i>Example: 01/31/08</i> | <i>Stephanie Black</i> | <i>Cultural food from New Market</i> | <i>\$23.15</i> | <i>yes</i> |
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For ISU use only

Date of audit:

Total spent:

Amount to return to ISU:

Completed by: