



Delegate Outreach Grant Audit Form

Council of Graduate Students
The Ohio State University

FOR OFFICE USE ONLY:

Received: _____

Program # _____

App. Date: _____

App. Amt: \$ _____

Reim. Amt: \$ _____

Vendor _____

This audit form and a completed Vendor Setup Form are due to **2088 Ohio Union (Student Government Suite)** within 30 days of purchase. The max amount that can be requested is \$200. Please submit all receipts at once and disclose all sources of funding.

First and Last Name: _____

Date: _____

EIN/SIN: _____ (Employee or Student ID #)

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.

Item/Expense	Vendor(s)	Amount Spent	Date Expense Incurred	Explanation	Audited Amt. [Office Only]
<u>Example:</u> Ohio College Personnel Assoc., one-year graduate student membership	<u>Ex:</u> Ohio College Personnel Association	<u>Ex:</u> \$50	<u>Ex:</u> 10/1/10	<u>Ex:</u> Membership to professional organization	
TOTAL EXPENSES					