

**ASSOCIATED STUDENTS of WOODBURY UNIVERSITY
ORGANIZATION ALLOCATIONS COMMITTEE
EVENT RECONCILIATION CHECKLIST
FALL 2015**

Name of Event: _____

Date of Event: _____

Event Coordinator: _____

Checklist (please make sure that all paperwork are in the following order):

- ☐ OAC Reconciliation Form
- ☐ Student Organization Reimbursement and Reconciliation Form
- ☐ All copies of receipts and an itemized list of expenditures
- ☐ Approved flyer with “co-sponsored by ASWU” logo on it
- ☐ Five photos of event (also send a digital copy to aswu@woodbury.edu)
- ☐ Event Evaluation Form
- ☐ Current list of organization’s members
- ☐ Sign In Sheet (if event has less than 30 attendees)
- ☐ Transfer Form for unused funds back to ASWU-OAC account

All items are due 10 days after each event is held, a fine of \$25 will be accessed for each missing document. Failure to reconcile will jeopardize future funding. The Business Office will put your organization’s account on hold after 10 days if you do not reconcile. Please make copies of paperwork and receipts for your own records.

Event Coordinator (Sign & Date) _____

Event Coordinator’s Email _____

President (Sign & Date) _____

President’s Email _____

Treasurer (Sign & Date) _____

Treasurer’s Email _____

ASWU USE ONLY:

Date Received _____

Officer Received _____

Notes: ☐ Completed ☐ Incomplete, charge \$_____

[illegible]

Woodbury University

Student Organization Reimbursement and Reconciliation Form

Name	Student Organization	Date	/ /
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Retailer	Item Purchased	Business Purpose (Include Event Name & Date)	Account #	\$ Amount
		Total		\$
		Less Cash Paid Out Number _____		
		Due to University		\$
		Due to Student		\$

This form should be used to reconcile a University cash/check advance or to receive reimbursement for purchases paid for by the student with his/her personal cash/check/credit card on behalf of the student organization.
Original receipts are required for all purchases.

Student Sign/Print

Officer Sign/Print (Only required when \$ due to student.)

Advisor Sign/Print

For Business Office Use Only	
Account #	\$ Amount

**ASSOCIATED STUDENTS *of* WOODBURY UNIVERSITY
ORGANIZATION ALLOCATIONS COMMITTEE
EVENT EVALUATION FORM**

Organization: _____

Event Name: _____

Event Date & Time: _____

Event Location: _____

Total Attendance: _____ Total Woodbury Students: _____

How did this event benefit the Woodbury community?

If more than one organization (other than ASWU) sponsored this event, please list those involved and describe how each contributed to this event.

Did this event meet the organization's expectations? Why or why not?

What could have been done to improve this event?

Would you consider doing this event again? Why or why not?

STUDENT ORGANIZATION TRANSFER REQUEST

Date: _____

Event Name & Date: _____

Transfer From

Organization Name: _____

Account No.: _____

Officer (Sign & Print): _____

Advisor (Sign & Print): _____

Transfer To

Organization Name: _____

Account No.: _____

Amount: \$ _____

STUDENT ORGANIZATION TRANSFER REQUEST

Date: _____

Event Name & Date: _____

Transfer From

Organization Name: _____

Account No.: _____

Officer (Sign & Print): _____

Advisor (Sign & Print): _____

Transfer To

Organization Name: _____

Account No.: _____

Amount: \$ _____