

Event Audit Report

Organization/Department: _____

Representatives Name: _____ Position: _____

Phone: _____ Advisor: _____

Event: _____

Date: _____ Time: _____ Location: _____

Attendance (please attach sign-in sheet)	SGC Financial Support
Students: _____ Community: _____	Opening Balance: _____
Faculty/Staff: _____ Total: _____	Amount Spent: _____
	Closing Balance: _____

What was the purpose of this event? Was that purpose accomplished?

What was positive about this event? Why?

What was negative about this event? Why?

Should this event be done again next year?

Please attach any articles, flyers, or photos.

Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____