

Northwestern State University
Roster of Participants in Camps, Clinics, Non-SCH Activities, Etc.

Name of Activity: _____

Budget Unit Title: _____

Budget Unit Index: _____

Dates of Activity: _____

Please submit a roster of all participants who attended this university sponsored activity. Rosters and supporting departmental receipts and other documentation should remain on file for audit. Please attach continuation sheet(s) if necessary.

NAME	SSN	Amount Collected	Receipt Number	Receipt Date

Total Number of Participants _____ X Total Charge for Each Participant _____ = Total to be Collected _____

Actual Collections _____ Difference _____
 (Please explain any variances)

Departmental Cashier _____ Date _____

Individual _____ Date _____

Budget Unit Head _____ Date _____