**STUDENT ORGANIZATION ACCOMPLISHMENT REPORT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ SEMESTER AY 2018-2019**

**(CAMPUS)**

**Name of Student Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Brief Description**  (Discuss the details and objective of the activity) | **Persons Involved/**  **Participants** | **Date/Day/ Venue/ Time** | **Expenses** | **Problems Encountered** | **Recommendations** |
|  |  |  |  |  |  |  |

**PARTICULARS OF THE ACCOMPLISHMENTS**

**Note: Please attach the following for every activity.**

* **Narrative Report and Pictures of the Activity**
* **Evaluation Summary of Each Activity**
* **FINANCIAL REPORTS** (should be:prepared by treasurer, fully audited by the Organization Auditor, Noted by the Org President and Adviser, Verified true and correct by: SOA College Coordinator, In-Charge (Main Campus I &II) and SOA Campus Head
* Attach official receipts as well as photocopies of it.

**Additional Attachments:**

**Certification of Remaining Fund**

**Certification (Turn Over of Remaining Fund for Safe Keeping)**

Turned over by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Over Printed Name

Date Signed

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Over Printed Name

Date Signed

***\*\*(Signatories of the Accomplishment Report)***

Prepared by:

**SECRETARY**

**TREASURER**

**AUDITOR**

**PRESIDENT**

Checked by:

**ADVISER**

Verified true and correct:

**SOA COORDINATOR**

(for PB Main I and II)

**SOA CAMPUS HEAD**

**Assoc. Prof. ELEONOR E. SEPILLO**

**Asst. Director, SOA**

*\*\*soft copy of the accomplishment report must also be submitted at the OSAS Central Office. (email to* [*studentorganizations@yahoo.com*](mailto:studentorganizations@yahoo.com)*)*