

Beta Alpha Psi Independent Activity Report

Please provide all the information requested below, and be as descriptive as possible.

Member/Pledge Name: _____

Events' Name: Please list name of event(s) and the group participating if applicable (i.e. FICPA Conference, IMA Meeting, USF Club Meeting).

1. _____
2. _____
3. _____
4. _____

Date(s) of participation:

1. _____
2. _____
3. _____
4. _____

Time(s) Participated: Please list hours and minutes that you participated.

1. _____
2. _____
3. _____
4. _____

Short description of event:

1. _____
2. _____
3. _____
4. _____

Phone Number of Contact: Please give a phone number of a contact that can verify your participation. You may give your own, but must provide a contact or written evidence of participation if contacted.

1. _____
2. _____
3. _____
4. _____

Member/Pledge Signature