

**ECSU TITLE III/SAFRA Internal Site Visit Form**

**ACTIVITY DIRECTOR:** \_\_\_\_\_

**SITE LOCATION:** \_\_\_\_\_

**PROJECT YEAR:** \_\_\_\_\_

**QUARTER:** \_\_\_\_\_

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**I. Recommendations From Last Visit Implemented:**

- Yes                       No                       N/A

**II. Training /Documentation Review Topics:**

- |  |  |
|--|--|
| <input type="checkbox"/> Progress Reports          | <input type="checkbox"/> Purchase Requisitions |
| <input type="checkbox"/> Travel Authorizations     | <input type="checkbox"/> Trip Reports          |
| <input type="checkbox"/> Personnel Action Requests | <input type="checkbox"/> Time & Effort Reports |
| <input type="checkbox"/> Equipment Inventories     | <input type="checkbox"/> Other: _____          |

**III. Auditable Findings:**

\_\_\_\_\_  
\_\_\_\_\_

**IV. Recommendations/Comments:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Reminders:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**V. Signatures**

\_\_\_\_\_  
Activity Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title III/SAFRA Coordinator

\_\_\_\_\_  
Date