

# POST-EVENT FORM

Please submit 1-2 days after your event / purchase with receipts.

Submitted by: \_\_\_\_\_

E-mail: \_\_\_\_\_

Submission Date: \_\_\_\_\_

Organizations: \_\_\_\_\_

SGA Funds Chartstring: 1113 10592 051 CV990210

Event Title: \_\_\_\_\_

Carryover Chartstring: 5220 10592 051 CV \_\_\_\_\_

Date / Time of Event: \_\_\_\_\_

## EXPENDITURE OF FUNDS (Please complete all information below; attach an extra sheet if more than 6 vendors)

Vendor / Payee – Person(s) receiving reimbursement	Total Cost (SGA + Carryover)	SGA-Allocated Funds Spent	Club Carryover Funds Spent
<b>A.</b>	\$	\$	\$
<b>B.</b>	\$	\$	\$
<b>C.</b>	\$	\$	\$
<b>D.</b>	\$	\$	\$
<b>E.</b>	\$	\$	\$
<b>F.</b>	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

### Information on Vendor / Payee A

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Information on Vendor / Payee B

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Information on Vendor / Payee C

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Information on Vendor / Payee D

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Information on Vendor / Payee E

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### Information on Vendor / Payee F

Items Purchased: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## CASH HANDLING

Have you collected cash revenue at this event? Yes No

If yes, have you completed a deposit with the Business Center? Yes No

## EVENT EVALUATION

1. What was the estimated attendance of the event? \_\_\_\_\_
2. How would you rate the event overall? (1 = poor, 5 = excellent)    1    2    3    4    5
3. Should this program be repeated? Why?
4. What worked with the program?
5. What would you have done differently?

Additional Comments:

## SIGNATURE

Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

OSL Advisor: \_\_\_\_\_

## FOR BUSINESS CENTER USE ONLY

Scheduling Reference Number: \_\_\_\_\_

Acct. Update by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: