

# POST-EVENT FORM

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

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

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

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

Organization: \_\_\_\_\_

Chartstring: 1113 10593 051 Project #: \_\_\_\_\_

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

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

## EXPENDITURE OF FUNDS (Please complete all information below; attach an extra sheet if more than 4 payees)

Vendor / Payee	Total Cost	GSA-Allocated Funds Spent	Club Carryover Funds Spent
A.	\$	\$	\$
B.	\$	\$	\$
C.	\$	\$	\$
D.	\$	\$	\$
E.	\$	\$	\$
F.	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$

### Information on Vendor / Payee (person to receive \$\$)

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

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

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

### Information on Vendor / Payee B

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

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

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

### Information on Vendor / Payee C

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

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

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

### Information on Vendor / Payee D

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

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

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

## 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

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

Additional Comments:

## SIGNATURE

Board Member: \_\_\_\_\_

Board Member (print): \_\_\_\_\_

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

## FOR BUSINESS CENTER USE ONLY

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

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

Comments: