POST-EVENT FORM	-			
Please submit 1-2 days after your event / purchase with receipts.		E-mail:		
Organization(s):	_	Submission Date:		
SGA Funds Chartstring: 1113 10592 051 CV	-	Carryover Chartstring: 5220 10592 051 CV Date / Time of Event:		
Event Title:				
EXPENDITURE OF FUNDS (Please complete all inform				
Vendor / Payee – Person(s) receiving reimbursement	Total Cost (SGA + Carryover)	SGA-Allocated Funds Spent	Club Carryover Funds Spent	
Α.	\$	\$	\$	
B.	\$	\$	\$	
C.	\$	\$	\$	
D.	\$	\$	\$	
Е.	\$	\$	\$	
F.	\$	\$	\$	
TOTAL	S	\$	S	
Information on Vendor / Payee A Items Purchased: Mailing Address:	Information on Items Purchased: Mailing Address:	Vendor / Payee B		
FIN/SSN: Phone:	FIN/SSN:	Phone	:	
Contact Person:		ntact Person:		
Information on Vendor / Payee C		Information on Vendor / Payee D		
Items Purchased:		Items Purchased:		
Mailing Address:	Mailing Address:			
FINI/GCNI. DI	EDI/CONI.	D1		
FIN/SSN: Phone: Contact Person:		Phone	:	
Information on Vendor / Payee E	Information on			
Items Purchased:				
Mailing Address:	Mailing Address:			
FIN/SSN: Phone:			:	
Contact Person:	Contact Person: _			
CASH HANDLING Have you collected cash revenue If yes, have you completed a dep			No	
EVENT EVALUATON 1. What was the estimated attendance of the event? 2. How would you rate the event overall? (1 = poor, 5 = excel 3. Should this program be repeated? Why? 4. What worked with the program? 5. What would you have done differently? Additional Comments:	lent) 1 2	3 4	5	
SICNATUDE	FOR RIIGINESS	CENTER USE ONI	V	
SIGNATURE Transcurar		nce Number:		
Treasurer:	_	mee rumoer.		
Date:OSL Advisor:	Comments:			
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