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

Organization: ______________________________
Chartstring: 1113 10593 051 Project #: _________
Event Title: ______________________________
Date / Time of Event: ________________________

Submitted by: ______________________________
E-mail: ______________________________
Submission Date: _________________________

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

<table>
<thead>
<tr>
<th>Vendor / Payee</th>
<th>Total Cost</th>
<th>GSA-Allocated Funds Spent</th>
<th>Club Carryover Funds Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>B.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>C.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>D.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>E.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>F.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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

Information on Vendor / Payee B

Information on Vendor / Payee C

Information on Vendor / Payee D

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

Board Member: ______________________________
Board Member (print): ______________________________
Date: ______________________________

FOR BUSINESS CENTER USE ONLY

Scheduling Reference Number: ______________________________
Acct. Update by: ______________________________ Date: ______________________________
Comments: ______________________________