

Chapter and Club Post-Event Report Form

Chapter/Club Name: _____

Name of Event: _____

Instructions:

1. Please complete and submit this form *no later than* 10 days following the date of your event. Email to Katie Adamo (katieadamo@csufresno.edu).
2. After completing, please save a copy for your records. We also recommend sharing with the rest of the officers/leadership team.
3. Additional forms to complete (as relevant):
 - a. Deposit Form: If revenue was generated from your event, complete this form and deliver it with all funds to the FSAA office so it may be deposited into your account in a timely fashion.
 - b. Payment/Reimbursement Form: If you incurred costs that are outstanding, complete this form and submit it along with all *original* receipts (we are not able to accept copies).
 - c. Transfer of Funds Form: If you have revenue from the event you wish to have deposited into your scholarship account, complete this form and submit.

EVENT DETAILS

Date of event: _____

Location of event: _____

Number of attendees: _____ (or attach list)

Event description:

FINANCIALS

1. Gross revenue: \$ _____

2. Expenses: \$ _____

3. Net profit/loss: \$ _____

PREPARED BY

Your name: _____ Cell: _____

Email: _____

Signature: _____