

Post Event Report

To be returned to the Office of Alumni Relations to summarize an event.

Chapter Name: _____
Chapter Liaison: _____
Submitted By: _____
Email: _____

Event Information:

Event Name: _____
Event Date: _____
Event Location: _____
Number of attendees (*attach attendance sheet*): _____

Event Description: (*Attach second sheet if needed*)

Event Financial Information

Expenses:

Room: _____
Catering: _____
Alcohol: _____
A/V: _____
Decorations: _____
Mailing: _____
Pre-purchased Tickets: _____
Other: _____
Other: _____
Other: _____

Total Costs: _____

Revenue:

Registration fees and/or
Group Ticket Sales: _____
Sponsorship fees: _____
Gifts in kind: _____

Total Income: _____