



Event Name:	Committee Members	
Date of Event:		
Chairperson:		
Co-Chair:		
Trustee:		
Helpers:		

Receipts

List all receipts with source, including tickets, donations, sponsors, etc.

Item	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total:		0.00

Expenses

List all expenses in detail with member's name to be re-imbursed

Item	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
Total:		0.00

Profit/(loss): 0.00

WSC Resources Used (from past events)

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What factors made this event a success?

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What factors were negative?

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Ideas for next time?

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Notes:	This form must be completed within 2 weeks after the conclusion of the event and turned into the Trustee in charge of the event.
	Receipts must be submitted for all expenses, or board approval will be required for re-imburement.
	A check request form must be completed for re-imburement with receipts attached.
	Board approval is required for expenditures exceeding \$500
	Trustee (in charge of event) approval is required for expeditures exceeding \$200