



NNLAMS – La RaMA

University of Illinois at Chicago College of Medicine's Chapter of the National Network of Latin American Students
– La Raza Medical Student Association

2005-2006 - EVENT EXPENDITURE/REIMBURSEMENT FORM

Treasurer's Note:

The sole purpose of this form is to keep a more complete and detailed record of the events NNLAMS-La RaMA funds. With your help, by completing this form we may be able to recreate an especially successful event or avoid the financial mistakes of a failed event. Such information such as:

- Names of businesses and managers you worked with
- What types of materials and resources were used
- How much items cost and where you bought them
- Techniques for promoting your event

will be recorded here and kept in a file to be used as a reference to future NNLAMS La RaMA exec. Boards.

Thank you! Please turn in the completed form directly to the Treasurer.

EVENT TITLE: _____

Event Directors' Names: _____

Primary Contact's: Email: _____ Phone: _____ - _____ - _____ cell or land-line?

BRIEFLY DESCRIBE EVENT: _____

DATE & TIME OF EVENT: (mm/dd/yy) ____/____/____, ____:____ am/pm, (circle one) **Mon. Tues. Wed. Thu. Fri. Sat. Sun.**

EVENT LOCATION: _____

Collaborators (circle all that apply): NONE HCOE UHP SNMA AMSA Other: _____

I. PROMOTION

Event attendance included: (circle all that apply) :

None | General Public | Med Students | Med Faculty/Staff | La RaMA members | Other: _____

How did you promote this event?: (circle those that apply specifically. Example: circle M1 or M2 **OR** M1 and M2 listservs)

M1, M2, M3, M4 Medclass Listservs | Verbal Announcements | Rm221/421 Chalkboards | Banners/Posters | Other: _____

When did you start promoting? (measured in time before event date. Fill in blank.) :

___ month(s) before | ___ week(s) before | ___ day(s) before | ___ hours before

II. ATTENDANCE

How many people attended? : _____ How much did you charge per person? \$_____._____ <or> NONE

III. FOOD AND REFRESHMENTS ***MUST ATTACH RECEIPTS for REIMBURSEMENT!***

Were food and/or refreshments served? YES, if applicable, caterer name is _____ <or> NO

If food/refreshments were served, complete the following:

ITEM	WHERE PURCHASED	AMOUNT PURCHASED	COST Per	Leftovers? Y or N	Treasurer's use only "TOTAL"
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

IV. MATERIALS *MUST ATTACH RECEIPTS for REIMBURSEMENT!*****

Other items purchased for the event should be listed here.

Remember to include such items as (if applicable): cups, plates, utensils, table cloths, printing/copying expenses, etc.

<u>ITEM</u>	<u>WHERE PURCHASED</u>	<u>AMOUNT PURCHASED</u>	<u>COST Per</u>	<u>Treasurer's us only "TOTAL"</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

YOUR NOTES:

What could be done to make the event even better next year?
(Promote sooner? Charge more/less? Added features? Anything else you think of...)

Was the location adequate?
(Comfortable? Sufficient facilities? Who cleaned? What was provided? Anything else you think of..)

Was the turnout successful?
(More/Less than expected? How long did people stay? Any audience critiques heard? Etc.)

What purchases were successful?
(Items that were superfluous? Enough food? Items you can't do without? Etc.)

V. YOUR REQUESTED REIMBURSEMENT

NAME OF EVENT:

DATE EVENT TOOK PLACE:

1. Name of Person requesting:		
The Amount Requested by person #1: \$		
Office Use Only!>>	Amount to be reimbursed: \$	
Date Approved:	Check #	
	Date check issued:	
2. Name of Person requesting:		
The Amount Requested by person #2: \$		
Office Use Only!>>	Amount to be reimbursed: \$	
Date Approved:	Check #	
	Date check issued:	
3. Name of Person requesting:		
The Amount Requested by person #3: \$		
Office Use Only!>>	Amount to be funded/reimbursed: \$	
Date Approved:	Check #	
	Date check issued:	

Signature Approval of a Co-President (Preferably both)

Signature Approval of Treasurer

signatures of reimbursed (upon receiving their reimbursement)