



## EXEMPLARY PERFORMANCE – EVALUATION/POST-EVENT FORM

### Information on Event Funded by IRA

Name of College/Unit:

Certified Activity/Program:

Event Funded:

Place of Event:

Date of Event:

Number of Students Funded:

Number of Students Attending:

Amount Out of Pocket per Student:

*Please attach a list of all student's names attending the event.*

Ranking at Event (Informational):

### Summarize Expenses Funded by IRA

**Amount Funded**    \$ \_\_\_\_\_

#### *Expenses*

Transportation:    \$ \_\_\_\_\_    Type: \_\_\_\_\_

Local Transportation:    \$ \_\_\_\_\_    Type: \_\_\_\_\_

Hotel:    \$ \_\_\_\_\_

Per Diem:    \$ \_\_\_\_\_

Entry Fees:    \$ \_\_\_\_\_

Miscellaneous:    \$ \_\_\_\_\_

Explain:

*Total*    \$ \_\_\_\_\_

**Unused Funds**    \$ \_\_\_\_\_

This form should be completed and returned to Kim Williams ([kwilliams@csuchico.edu](mailto:kwilliams@csuchico.edu)) within 30 days of completion of project. Funds not used per the allocation approval or not spent must be returned to the IRA. Please contact IRA at 530-898-6560 for instructions on returning unused funds.

**Please write a brief paragraph discussing the event that was funded, the educational impact on the students attending, and your assessment of the value of participating in the funded event for your Certified IRA Activity/Program. *Print and sign* your name and enter the date below.**

Activity/Program Director: \_\_\_\_\_ Date: \_\_\_\_\_