

Post Event/Services Recap

**This recap form is due 1 week after the event/service**

Please send to your VP as well as

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|  |  |
| --- | --- |
| **Event/Service:** |  |
| **Location:** |  |
| **Date & Time (Start to Finish):** |  |
| **Number of Participants** |  |
| **Anticipated Number of Participants** |  |

|  |  |
| --- | --- |
| **Executive/Board Member in Charge:** |  |
| **Project Manager:** |  |
| **Project Manager Email (Non AFSA Account)** |  |
| **Advertising:** |  |

**Timeline Overview:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time:** | **Activity:** | **Assigned to:** | **Other Notes:** |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
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**Detailed Financial Breakdown:**

|  |  |
| --- | --- |
| **Item/Expense:** | **Price:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Event Expenses:** | **$** |
| **Budget:** | **$** |

**Summary of event:**

**What went well?**

**What should be changed?**

**Advice to offer?**

**Attendance breakdown:**

|  |  |
| --- | --- |
|  | **Program** |
| **Year** | **AFM** | **Biotech/CPA** | **CFM** | **Math/CPA** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4A** |  |  |  |  |
| **4B** |  |  |  |  |
| **MAcc** |  |  |  |  |

**Additional comments:**