

Project Report

Department Name: _____

Project Name: _____

Chairman Name:

Date Held: _____

Describe Project: (Use back of form for additional information)

Total Number of Members Involved _____

(Include all members working on all aspects, including planning, and all members attending. **Note:** Count each member only once)

Total Hours _____

(Multiply all planning hours x each member planning, plus hours to complete project x each working or attending). **Note:** Keeping any sign up sheets will help to figure total hours)

Mileage \$ _____

(Mileage is calculated @ .14 cents a mile)

Actual Dollars Donated or Cash Spent \$ _____

(i.e. scholarship or other money given, registration fee for event, etc.)

In Kind Value of Any Items Donated, or Purchased to be Donated \$ _____

(e.g.) value of books, school supplies, food, toiletries donated; Tricky Tray or Silent Auction items solicited, etc.)

Profit (If applicable) \$ _____