

FSA EVENT PROJECT REPORT

Event Name: _____

Event Chair (s): _____

Phone: _____ Email: _____

Vendors/Contact info:

Items	Vendor	#/type of items	Amount Spent

Date held: _____

Planning timeline:

Number of Volunteers used/suggested/for what (if applicable):

Brief event description:

Helpful tips/suggestions for next Chair and/or FSA:

Approximate Cost/Profit for Event: _____

Please attach any invoices, forms, lists, directions etc. that would be useful.