



PTG Event Evaluation Form

Name of Event:

Date of Event:

Time of Event:

Total Cost of Event:

Approved Budget:

Event Attendance:

Committee Chairperson(s) responsible:

Please provide a description of the event and/or list the activities included:

Please provide a list of supplies used and source of those supplies. For vendors used, please include contact information (name, phone number, email, where applicable), description of services and cost per vendor.

Recommendations for next year:

Note or other comments:

Submitted By:

Date:

Liaison:

Date: