



EVALUATION OF USE OF UNRESTRICTED FUNDS

Employee:

Department:

Account #:

Activity:

Dates:

Describe the use of the funds (who, what, when, where, how). If any supporting documents are available, please attach a copy to this evaluation.

Evaluation Rating:

1 Valuable 2 Worth Repeating 3 Marginal 4 No Value 5 Not Assessable

What specific benefit to you and the college was derived from the use of these funds?

Suggested dissemination of information gained:

Signature of Employee:

Date:

Date Received in SPD Office: