

Continuing Education Activity Report

In order to maintain statistical records required by the University, the Office of Continued Education must be informed about TOTAL FUNDS collected.

Please complete this report and return to the Office of Continuing Education, MS 1100, after receipt and reconciliation of program fees.

Program Title: _____

Program Date(s): _____ to _____ Total # of Participants: _____
(start) (end)

Course/Program	Number of Registrants		Cost/Registrant		Explanation
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$
		X	\$	=	\$

Funds received from contributions, grants: _____

Total Funds Collected: _____

AVP OCE: _____
(Please print) (Signature)

Today's Date: _____ Mail Stop: _____

Funding if no conference fee charge: _____
(Source) (Amount)