



NCF CHAIRPERSON'S FINAL REPORT

INSTRUCTIONS: *Please complete and submit this form within 45 days of the fair. Only one report should be submitted per fair. Co-Chairs should work together to report feedback on one final report per fair including all outstanding committee expenses from all parties.*

Name of National College Fair: Choose an item.

Date(s) of Fair: [Click here to enter text.](#)

NCF Chairperson(s): [Click here to enter text.](#)

SECTION 1: NCF CHAIRPERSON'S EVALUATION

1. What aspects of this year's fair showed significant improvement?
[Click here to enter text.](#)
2. What aspects need more attention?
[Click here to enter text.](#)
3. Are any of your committee members deserving of special recognition for their efforts this year? (Please explain and provide contact information if applicable)
[Click here to enter text.](#)
4. What efforts were made toward increasing the diversity of your fair this year?
[Click here to enter text.](#)
5. Do you feel all of the committee's objectives for the fair were met?
[Click here to enter text.](#)

SECTION II: FINAL COMMITTEE EXPENSES

The submission of this report will close the Local Arrangements Committee expense account for this National College Fair. All outstanding committee expenses for the fair should be included on this report. Busing reimbursement submissions, if applicable, should be handled directly through the designated Event Manager prior to submission of this form.

Name of National College Fair: [Choose an item.](#)

Date of Fair: [Click here to enter a date.](#)

NCF Chairperson(s): [Click here to enter text.](#)

- A. **CASH ADVANCE PAYMENTS:** Please document all committee cash advance payments received from NACAC for this year's NCF.

Date Received	Amount
Click here to enter a date.	\$Click here to enter text.
Click here to enter a date.	\$Click here to enter text.
Click here to enter a date.	\$Click here to enter text.

A. TOTAL CASH ADVANCE [\\$Click here to enter text.](#)

- B. **EXPENSES:** All expenses must be listed individually. **Itemized receipts must accompany all expenses listed**, and should be arranged in the order that the expenses are listed. In other words, the first receipt should be marked "1" and should be for the amount listed on line one.

Payee/Description	Amount
1. Click here to enter text.	\$Click here to enter text.
2. Click here to enter text.	\$Click here to enter text.
3. Click here to enter text.	\$Click here to enter text.
4. Click here to enter text.	\$Click here to enter text.
5. Click here to enter text.	\$Click here to enter text.
6. Click here to enter text.	\$Click here to enter text.
7. Click here to enter text.	\$Click here to enter text.
8. Click here to enter text.	\$Click here to enter text.
9. Click here to enter text.	\$Click here to enter text.
10. Click here to enter text.	\$Click here to enter text.
11. Click here to enter text.	\$Click here to enter text.
12. Click here to enter text.	\$Click here to enter text.
13. Click here to enter text.	\$Click here to enter text.
14. Click here to enter text.	\$Click here to enter text.
15. Click here to enter text.	\$Click here to enter text.
16. Click here to enter text.	\$Click here to enter text.
17. Click here to enter text.	\$Click here to enter text.
18. Click here to enter text.	\$Click here to enter text.
19. Click here to enter text.	\$Click here to enter text.
20. Click here to enter text.	\$Click here to enter text.

B. TOTAL EXPENSES: [\\$Click here to enter text.](#)

SECTION II: FINAL COMMITTEE EXPENSES (continued)

C. FINAL BALANCE

Total cash advance (amount from A) \$ _____
 Total expenses (amount from B) - \$ _____

FINAL BALANCE (A-B) = \$ _____

- **If FINAL BALANCE is positive, payment should be sent to:**
 NACAC Attn: Belinda Levert 1050 N. Highland St. Suite 400 Arlington, VA 22201.
- **If FINAL BALANCE is negative, the NCF chairperson will be reimbursed that amount.**
 Please indicate below the amount and to whom reimbursement should be sent.

Payee <i>(to whom check should be issued to)</i>	Mailing Address	Amount
Click here to enter text.	Click here to enter text.	\$ _____
Click here to enter text.	Click here to enter text.	\$ _____
Click here to enter text.	Click here to enter text.	\$ _____
Click here to enter text.	Click here to enter text.	\$ _____
Click here to enter text.	Click here to enter text.	\$ _____
TOTAL (should match amount in C)		\$ _____

SECTION II: SIGN OFF

All committee member expense reports have been submitted to NACAC, and I understand that any subsequent expenses will be the responsibility of the NACAC affiliate organization.

Signature (original or electronic): [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Date of Submission: [Click here to enter a date.](#)

For Office Use Only			
Received	EM Approval	AD Approval	Processed
_____	_____	_____	_____