COMPLETED ACTIVITY REPORT

Please complete and return to Administrative Services immediately upon completion of the program. Administrative Services will obtain an invoice from the insurance company based on the Completed Activity Report information, and send to the requesting program and Controller's office for payment. **The PO quantity and total will need to be updated by Purchasing.**

1. Name of Activity: _____

2. Activity Date: _____

3. Actual number of participants: _____
   Please check if Volunteers are included. ☐

4. Program Director/Department/Phone: _____

5. Authorizing Department Head/Phone: _____

6. Were there any claims filed on behalf of program participants?
   ☐ Yes ☐ No If Yes is selected, additional information may be provided in box below.

Premium Calculation: $ 0.40 X ____ (# of campers and volunteers) X ____ (# of days) = $ 0.00

Notes:

Send to Administrative Services

Administrative Services Use:
Serial:
Policy # 5028