

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.

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: X ____ (# of campers) X ____ (# of days) =

Notes:

Administrative Services Use:

Serial:

Policy # 5028