

La Porte County Master Gardener Project Completion Report Form



Please return with expense receipts to
Master Gardener Treasurer when event is completed.
This information will be used to plan future budgets and events.

PURDUE EXTENSION
MASTER GARDENER PROGRAM

Event Name _____

Location _____

Date(s) _____ Project Coordinator _____

Purpose _____

Group Served _____

Volunteers for this event _____

Community Contacts _____

Expenses: Amount \$ _____ For _____ To _____

Amount \$ _____ For _____ To _____

Amount \$ _____ For _____ To _____

Amount \$ _____ For _____ To _____

Amount \$ _____ For _____ To _____

Amount \$ _____ For _____ To _____

Total Spent for this event \$ _____ # of learners attending _____

Please record any thoughts that would be helpful for someone who will work this event next year. _____

Purdue Extension Master Gardener-La Porte County Project Information Form

Event Name: _____

How many volunteers needed for this event: _____

Please record a timeline of when and what was done to complete this project:

(If additional space is needed please use back or additional sheet of paper)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please share any additional information you feel would be helpful to someone who will work with this program or take the program over in the event you no longer are project coordinator.
