**ACTIVITY POST-MORTEM REPORT**

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| **[EVENT NAME HERE]** | |
| **LOG ID:** |  |
| **ORGANISED BY:** | **[YOUR CLUB / SOCIETY NAME]** |
| **VENUE:** |  |
| **DATE:** |  |
| **TIME:** |  |

**IMPORTANT**

1. The Activity Post-Mortem must be **submitted** to INTIMA **WITHIN 21 WORKING DAYS** after the **activity.**
2. Please include your **EVENT LOG ID** registered.
3. Please keep a **SOFT COPY** of this report (Including receipts).
4. This report **SHOULD NOT** be printed on **RECYCLED PAPER** and **NO DOUBLE SIDED is allowed**.
5. If evidence of fraud is found, **1/3** of the actual subsidy will be deducted.

**------------------------------------------------- FOR OFFICE USE -------------------------------------------------**

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| **WORK LOG** | | |
| **DATE** | **NOTE** | **SIGNATURE** |
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SUBMITTED BY:

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RECEIVED DATE:

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**\*\*\*PLEASE PRINT OUT THIS GUIDELINE\*\*\***

**ACTIVITY POST-MORTEM REPORT GUIDELINES**

**Items to be Included**

1. **Filled** Organising Committee List (with full details listed)
2. **Original** Receipts

* Expenses **without** receipts attach **No. 21 Memorandum-SAO** for **JUSTIFICATION** with signatures of **INTIMA EXCO** and **Manager of SAO.**
* Invoices, photocopy receipts and banking slip **will** **not be accepted.**
* Phone Reload Cards (e.g. HOTLINK Prepaid) **will not be accepted**.
* Receipts attached **SHOULD NOT BE FOLDED.**

1. 10 **black & white** photos

* Email the 10 pictures to [sammyhew.intima@gmail.com](mailto:sammyhew.intima@gmail.com) with Event Name as Subject.

1. Participant List (with full details listed)

* Must be **written** and **signed** by participants.
* Participants with no full details **WILL NOT BE INCLUDED** in total amount of participants for INTIMA subsidy.

1. Liability Form

* Please obtain a copy of liability form **IF** the original copy is given to bus driver.

**Guideline**

1. Please attach the signature page at the **LAST PAGE** of this report.
2. Please attach all the external documents (receipts, pictures, participant list, liability form) **BEFORE** the signature page.
3. The Activity Post-Mortem must be **submitted** to INTIMA **WITHIN 21 WORKING DAYS** after the **activity.**
4. Please include your **EVENT LOG ID** registered.
5. Please keep a **SOFT COPY** of this report (Including receipts).
6. This report **SHOULD NOT** be printed on **RECYCLED PAPER** and **NO DOUBLE SIDED is allowed**.
7. If evidence of fraud is found, **1/3** of the actual subsidy will be deducted.

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| **EVENT DETAILS** | |
| 1 | INTIMA EXCO In-Charge: |
| 2 | Activity Summary (min 200 words): |
| 3. | Officiated by: |
| 4 | Did the activity start on time? No / Yes  Time: |
| 5 | Please specify the reason for the delay: |
| 6 | Total participant of the activity: **[NUMBER OF PARTICIPANTS]**  MORE / SAME / LESS than planned (Please circle) |
| 7 | If no other sources of income were obtained, was there any cancellation in the event / activity? |
| 8 | What were the problems faced while organising this activity? |
| 9 | Did the activity achieve its objective? |
| 10 | Please give suggestions to improve the activity if it needs to be organised in the future. |

*\*Please list additional comments, suggestions and problems on a* ***SEPARATE PIECE*** *of* ***RECYCLED PAPER****.*

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| **ORGANISING COMMITTEE LIST\*** | | | | |
| **POSITION** | **NAME** | **PROG.** | **SEM.** | **TEL. NO** |
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\**Please only include* ***MAIN ORGANISING COMMITTEE****. [Helpers and Facilitators should not be included]*

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| **ACCOUNT STATEMENT** | | | | | | |
| **EXPENSES** | | | | | | |
| **NO** | **ITEMS** | **FOLIO** | **QUANTITY** | **UNIT PRICE** | **SUB-TOTAL** | **TOTAL (RM)** |
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| **REVENUE** | | | |
| **SOURCE** | **QUANTITY** | **UNIT PRICE** | **TOTAL (RM)** |
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|  |  | **TOTAL** |  |

\*TOTAL amount to be subsidized by INTIMA: RM **[AMOUNT]**

BANK NAME

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BANK ACCOUNT NUMBER

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RECEIVER’S NAME

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|  | ACKNOWLEDGED BY,  [CLUB TREASURER]  **CLUB’S TREASURER** |

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| **REVENUE (SUPPORTING DOCUMENT)** | | | | | |
| **RECORDS OF BOOTH SELLING / DONATION** | | | | | |
| **DATE** | **ITEMS** | **QUANTITY** | **UNIT PRICE** | **SUB-TOTAL** | **TOTAL (RM)** |
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***\*If there is no any supporting detail, please do not print out this page.***

**MILEAGE**

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| DRIVER’S NAME : |  | STUDENT ID : |  |
| CAR PLATE NO. : |  | CONTACT NO. : |  |

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| **DATE** | **FROM** | **TO** | **PURPOSE OF THE TRIP** | **DISTANCE (KM)** | **RM 0.60 / KM** |
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|  |  |  |  | **TOTAL** | **RM** |

***\*Please attach a screenshot of the Google Map of the journey travelled.***

***\*If there is no any mileage, please do not print out this page.***

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| PREPARED BY, |  | APPROVED BY, |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ORGANISING CHAIRPERSON’S NAME]  **ORGANISING CHAIRPERSON** |  | [CLUB CHAIRPERSON’S NAME]  **CLUB CHAIRPERSON** |

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| **INTIMA APPROVAL** | | |
| APPROVED BY,  HEW YEE EAN (SAMMY)  VICE PRESIDENT OF ACTIVITIES  22nd INTIMA  STUDENT GOVERNMENT  DATE: | APPROVED BY,  GRACE WONG QIAN ZHEN  AUDITOR  22nd INTIMA  STUDENT GOVERNMENT  DATE: | APPROVED BY,  DAMIAN NGANG LOH FATT CHIONG / HEAH KAI PEI  TREASURER  22nd INTIMA  STUDENT GOVERNMENT  DATE: |
| Remarks: | Remarks: | Remarks: |

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| STUDENT AFFAIRS OFFICE APPROVAL / RECOMMENDATION | |
| APPROVED BY,  NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OFFICER IN-CHARGE  Student Affairs Office | APPROVED BY,  MR. ALAND LIBAU  Manager of Student Affairs Office |
| Remarks: | Remarks: |