Post-Event Form: IU State Legislative Reporting

This form is to be used to inform the IUB Office of External Affairs of expenditures or gifts that are reportable under Indiana’s Legislative Liaison Statute (IC 5.14.7). Please complete this form for each incident you had between November 1, 2011 and October 31, 2012.

Your Name and Title: ____________________________________________________________

Department: ______________________________________________________________________

Email: __________________________________________ Phone: __________________________

State Legislative Interaction Details:
List the name(s) and title(s) of the covered legislative person you interacted with:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

• Type of interaction: ___ Gift  ___ Private Meal  ___ Attendance at Event  ___ Other: __________________________

• Description of the interaction with a state of Indiana legislator(s) or other legislative persons:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

• Date of interaction: ____________________________

• Location of event: _____________________________

• Total value of gift or expenditure incurred per state legislator or other legislative persons: $________________

• Was the expense paid out of: ______ University funds ______ Foundation funds

• Was the legislative person invited because they are part of one of the following defined classes: _____ Alumni
   _____ Student  _____ Donor  _____ Faculty Member  _____ Staff  _____ Other: _____________________________

• Did expenses incur as a result of official university business, where you (the IU faculty, staff or student) acted as a
  representative of the university?  Yes_______  No_______

• If the interaction was an event, were all members of the Indiana General Assembly invited to the event?
  ___ Yes  ___ No

• Please submit an itemized receipt listing monetary expenditures for the state of Indiana legislator(s) or other
  legislative persons.

Completed form should be sent to Rozzie Gerstman at gerstma@indiana.edu, 812-855-1123 or Becca Polecz at rpolcz@indiana.edu 317-231-2115.
Please call if you have any questions. Thank you for your assistance.