

FUNDRAISER: _____

Date: _____

Time: _____

Chairperson(s) Name and Telephone #

| Budget | Actual | Expenses | Profit | Difference |
|--------|--------|----------|--------|------------|
| \$ | \$ | \$ | \$ | \$ |

Contact(s) Name and Telephone #'s:

Planning: (Please give a brief description of planning efforts)

Upon completion of fundraiser, please complete this form as soon as possible.
You may drop it off in the PTA box at the front office.

Thank you!!!!

ATTN: VICE-PRESIDENT OF WAYS AND MEANS