

S.S. Palmer/Parkside PTO Expense Form

Event: _____ Date: _____

Chairperson(s): _____ Phone: _____

Debts:

Event/Supplies Amount: \$ _____

Start-up money Amount: \$ _____

Personal Expense Amount: \$ _____

Deposits:

Event/Supplies not spent: \$ _____

Start-up rectified: \$ _____

Total Cash: \$ _____

Total Checks: \$ _____

TOTAL DEPOSIT: \$ _____

Name of Depositor: _____

Signature of Depositor: _____

Date of deposit: _____

**Please attach all invoices, receipts for budgeted expenses, and/or deposit slip*

Contact Melissa Hager with any questions @ hagerhammer@hotmail.com