

**Salt Creek PTO
Committee Summary Form**

Committee Name: _____

Committee Head: _____

Committee Members:

_____	_____
_____	_____
_____	_____
_____	_____

Date of Activity: _____

Total Expenses: _____

Total Income: _____

Net Income/Expense: _____

Donated Items:

Estimated Value of Donated Items: _____

Was given budget sufficient? Yes No

If not, please propose anticipated budgetary needs: _____

Brief Summary of Event:

**Salt Creek PTO
Committee Summary Form**

Event Pros:

Event Cons:

Tips and Timesavers:

List of contacts for event i.e. food vendor, presenters, etc.:

Name	Phone	Service
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