

ROBBINS LANE PTA COMMITTEE SUMMARY REPORT

COMMITTEE: _____

CHAIR: _____

DATE(S) OF EVENT: _____

LOCATION OF EVENT: _____

TOTAL INCOME: _____

TOTAL EXPENSE: _____

NAMES & PHONE NUMBERS OF VENDORS: _____

SUMMARY OF EVENT: _____

ADDITIONAL INFORMATION: (Please include any information that the committee next year would find useful. Please continue on the back of this page if needed.)

RECOMMENDATIONS FOR NEXT YEAR: _____

