

Funds Summary Form

Form Instructions. Please return completed form to the Treasurer (treasurer@colfaxpto.org) within 24 hours of completion of event. To complete the form, please fill out the gold shaded boxes below. Please contact us at treasurer@colfaxpto.org with any questions or concerns about this process.

***EVENT CATEGORY OR DESCRIPTION**

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*Description (unit) (add additional sheets if needed)	Quantity (#)	Price (\$ per unit)	Total (\$)
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ADDITIONAL NOTES (optional). Special need date, preferred contact information (phone if better than email), etc.

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***YOUR SIGNATURE.** Check to 'affirm' above information is correct to the best of your knowledge.

<i>(Affirm)</i>	<i>(Your First Name / Last Name)</i>	<i>(Date of Affirmation)</i>

***INDEPENDENT REVIEW (PTO Member).** Check to 'affirm' above information is correct to the best of your knowledge.

<i>(Affirm)</i>	<i>(First Name / Last Name)</i>	<i>(Date of Affirmation)</i>