Our Lady of Victory PTO
Committee Financial Recap

Fund Raiser Name _____

Dates of Fund Raiser _____

Name of Chair person(s) _____

DEPOSITS

Date:	Amount	Number of Orders
Total Deposits	0.00	0

Number of student or families participating _____

Number of students/families in OLV _____

Percentage of participation #DIV/0!

DISBURSEMENTS/EXPENSES

Date:	Amount	Invoice Number	Description
Total Expenses	0.00		
Net Profit / (Loss)	**0.00**		

Comments: What worked well that we should continue to do?

What would you change or do differently for next year?

Please return completed form at the end of the fund raiser to PTO Co Presidents and Auditors. Thank you.