



Date: _____

Submitted By: _____

Name of Proposed Event: _____

Event Date: _____ Event Time: _____ Location: _____

EXPENSES

MATERIALS (Itemized)	COST	NOTES
MATERIALS TOTAL	\$	

SERVICES (Itemized)	COST	
SERVICES TOTAL	\$	

FOOD /CONSUMABLE (Itemized)	COST	
FOOD /CONSUMABLE TOTAL	\$	

PTO BUDGET AMOUNT	\$
TOTAL ESTIMATE	\$

Chair Approval _____ PTO President Approval: _____

Principal Approval: _____ Date: _____