



**RECONCILIATION FORM**

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

**EXPENSES**

MATERIALS (Itemized)	Proposed COST	Actual COST	NOTES
<b>MATERIALS TOTAL</b>	\$	\$	

SERVICES (Itemized)	Proposed COST	Actual COST	NOTES
<b>SERVICES TOTAL</b>	\$	\$	

FOOD /CONSUMABLE	Proposed COST	Actual COST	NOTES
<b>FOOD /CONSUMABLE</b>	\$	\$	

<b>PTO BUDGET AMOUNT</b>	\$	<b>Actual TOTAL</b>
<b>TOTAL ESTIMATE</b>	\$	\$

Chair: \_\_\_\_\_ PTO President: \_\_\_\_\_

**PLEASE submit completed reconciliation form to the Business Manager**  
 2046 Mar Vista Drive Newport Beach, California 92660  
 Phone: 949.644.1166 Fax: 949.644.6213  
[www.olqaschool.org](http://www.olqaschool.org)

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