

IRVINGTON NY PTSA

PROGRAM CLOSEOUT FORM

Please submit to the Treasurer no more than 30 days after your program.

Program: _____ Date of Program: _____

A. Allocated Budget: _____

EXPENSES

Item	Amount
Fee to Vendor	
Food	
Office Supplies	
Paper Goods/Utensils	
Printing Costs	
Facilities/Building Fee	
Decorations	
Art Supplies	
BFF Request	
Other (please specify):	
B. Total Expenses:	

INCOME

Item (please specify)	Amount
C. Total Income:	

Amount from A.	-	Amount from B.	+	Amount from C.	=	D. Actual Budget

Committee Chair Name: _____ Signature: _____