

PSO Unit Name: _____

Record of Classroom Party Fund Disbursements

Class: _____ 2019-2020

Amount Collected in Classroom Party Fund: \$ _____

Date	Reimbursement Given To:	Reimbursement for:	Receipt Rec'd	Amount
			Total Disbursements	

REMAINING FUNDS SUBMITTED TO THE _____ PSO: \$ _____

Submitted By Head Room Parent: _____

Date: _____

****Please attach all receipts and submit this form by Friday, June 1, 2020****

Please Send to: