

St. Denis—St. Columba School
Parent School Association

Event Summary and Financial Accounting Report

Event Date: ____/____/____ Day: _____ Time: From ____:____ To ____:____

Event Title: _____ Weather Day of Event: _____

Chairperson: _____ Co-Chair: _____

Committee Volunteers: minimum # recommended _____ actual # had _____

Volunteers: _____

Approximate Time Frame to prepare for Event: ____ Months ____ Weeks ____ Days ____ Hours

Notes/Comments/Tips: _____

Vendors used: _____

____/____/____ Thank you's given/sent to vendors that volunteered their services
and/or donated supplies to the event.

Event Financial Summary:

\$____,____.____ Income
\$____,____.____ Less Expenses
\$____,____.____ Less Vendor Payments
\$____,____.____ Other _____
=====
\$____,____.____ Net Profit or <Loss>
=====

Cash Advance Returned:
\$____,____.00 ____/____/____
By: _____

Attachments:

- Expense Reimbursement Form
- Deposit Slip for Event Income
- Deposit Slip for Cash Advance being returned

***“Event Summary and Financial Accounting Report” with the above checked attachments
and receipts are to be submitted to the PSA Treasurer within two weeks of the event.***

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EXPENSE REIMBURSEMENT FORM

NAME: _____

DATE: ____/____/____

EVENT: _____

DESCRIPTION OF EXPENSE:

AMOUNT:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENSES TO BE REIMBURSED: _____

CHECK TO BE SENT VIA:

TUITION CHILD'S NAME: _____ GRADE: ____ ROOM # _____

HELD AT MAIN OFFICE FOR _____ TO PICK-UP

PLEASE COMPLETE THIS FORM AND WITH RECEIPTS RETURN TO:
"PSA TREASURER"
"KINDNESS OF THE MAIN OFFICE"

***Please submit this form within two weeks of purchase
and staple all receipts to the back of this form.***

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CHECK REQUEST FORM

NAME: _____

DATE: ____/____/____

EVENT: _____

DESCRIPTION OF EXPENSE:

AMOUNT:

TOTAL AMOUNT DUE:

=====

PLEASE ATTACH AN INVOICE/RECEIPT TO THIS REQUEST FOR THE EVENT.

THIS AUTHORIZATION MUST BE SIGNED BY EITHER OF THE TWO BELOW:

Sr. Kathleen Marie Gerritse, CR, Principal

Rev. Michael McLoughlin, Administrator

SIGNED CHECK REQUEST FORM SHOULD BE GIVEN TO:

“PSA TREASURER”

“KINDNESS OF THE MAIN OFFICE”

CHECK TO BE SENT VIA:

TUITION CHILD'S NAME: _____ GRADE: _____ ROOM # _____

HELD AT MAIN OFFICE FOR _____ TO PICK-UP

Use this form when the school is to pay the cost of something in advance or for any item that is over \$250.