

PSO Unit Name: \_\_\_\_\_

Record of Classroom Party Funds

Class: \_\_\_\_\_ 2022-2023


REMAINING FUNDS SUBMITTED TO THE \_\_\_\_\_ PSO: \$ \_\_\_\_\_

Submitted By Head Room Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please attach all receipts and submit this form by May 30, 2023\*\***

Please Send to: