

**CMDS Parents Association
Project Recap**

Project: _____

Date of Project: _____

Project Chairman: _____

Number of volunteers: _____ Number of attendees: _____

Number of internal communication flyers sent: _____

Date(s) of internal communication(s): _____

Expenses:

Decorations: \$ _____ Door prizes: \$ _____

Food: \$ _____ Entertainment: \$ _____

Office Supplies: \$ _____ Postage: \$ _____

Space rental: \$ _____ Other: \$ _____

TOTAL EXPENSES: \$ _____

Donations Received:

Cash sponsorships: \$ _____ (please attach list)

In Kind: \$ _____ (please attach list)

TOTAL DONATIONS: \$ _____

Income:

Tickets sold: \$ _____

Food sold: \$ _____

Other sources: \$ _____

TOTAL INCOME: \$ _____

PROFIT: \$ _____

Please complete this form and return it to the school office no later than one week following the completion of your project. This will help us as we make plans for this project in the future. We appreciate your help.