

**DONATION/ALLOCATION SUMMARY REPORT**

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Source of Donation/Allocation H. + O. Jool + Die  
Purpose of Donation/Allocation: for Drinks Spring Heritage  
Fund/Account Name Donated/Allocated To PTO #900  
Date Received 4-5-10  
Amount of Donation/Allocation \$ 100<sup>00</sup>  
Total Purchases with Donation/Allocation ~~(from page 2)~~ \$ 100<sup>00</sup>  
\*Difference \$ 0

\*If the amount spent is less than the donation/allocation, please provide explanation and intended disposition of balance.

Drinks for Spring Heritage  
Country Kitchen

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Any change in authorized purpose must be accompanied by a written authorization from the donor.

**DONATION/ALLOCATION SUMMARY REPORT**

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Source of Donation/Allocation Sponsor for Spring Heritage Pageant

Purpose of Donation/Allocation To pay for trophies

Fund/Account Name Donated/Allocated To PTO #960

Date Received \_\_\_\_\_

Amount of Donation/Allocation \$ 300.00

Total Purchases with Donation/Allocation (from page 2) \$ 300.00

\*Difference \$ 0

\*If the amount spent is less than the donation/allocation, please provide explanation and intended disposition of balance.

<del>Donors</del>	Rebecca Reagan	\$50.00	3-17-10
	Regal Pediatrics	\$50.00	3-17-10
	Baptist Hospital	\$50.00	3-19-10
	Alexander Thompson	\$50.00	3-23-10
	Dr. Miller	\$50.00	3-29-10
	Andrew Werrell	\$50.00	4-7-10

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

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DONATION/ALLOCATION SUMMARY REPORT

(Page 1 of 2)

Source of Donation/Allocation Mason Lodge

Purpose of Donation/Allocation For top AR Students

Fund/Account Name Donated/Allocated To 2 bicycles

Date Received \_\_\_\_\_

Amount of Donation/Allocation \$ \_\_\_\_\_

Total Purchases with Donation/Allocation (from page 2) \$ \_\_\_\_\_

\*Difference \$ \_\_\_\_\_

\*If the amount spent is less than the donation/allocation, please provide explanation and intended disposition of balance.

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Completed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Any change in authorized purpose must be accompanied by a written authorization from the donor.