

Monticello Women of Today
REPORT FORM

DATE:

REPORT BY:

PROJECT NAME/LPM AREA:

CHAIR/CO-CHAIRS:

DATE, TIME, PLACE:

Income: \$ _____ Expenses: \$ _____

Profit OR Amt to be Donated: \$ _____

Service Hours: _____

REPORT: (include activities, committee meetings, important dates, budget revenue & expense, motions, future plans, etc.)