



LOCAL UNIT VOLUNTEER SERVICE REPORT

Year End Report – Due Sept. 15

This report MUST BE FILED with the Idaho PTA in order to be in compliance with IRS regulations.

Fiscal Year: _____ Date Prepared: _____

Local PTA Unit Name: _____

President _____

Phone _____ E-mail _____

Local Unit Record No: _____ Region #: _____

City: _____ Zip Code: _____

EIN: _____ Sales Tax #: _____

REPORT OF VOLUNTEER HOURS

<u>Activities</u>	<u>Hours</u>
Programs	_____
Legislative	_____
Fundraising	_____
Total Number of Volunteer Hours	_____

Signed: _____ and _____
President Treasurer

Mail to: Idaho PTA - PO Box 50009 Boise, ID 83705
Email: idahopta@idahopta.org
Phone: 208-344-0851