**Psi Mu Nu Chapter**

**of**

**Omega Psi Phi Fraternity, Inc.**

**Event Report**

**EVENT NAME:**

**DATE:**

**CMTE:**

**CMTE CHAIR:**

**NAME OF BROTHERS INVOLVED:**

**NUMBER OF HOURS:**

**SYNOPSIS OF EVENTS:**

**EXPENSES/DONATION:** $0.00 **TOTAL COST:** $0.00

**SUBMITTED BY: POSITION: XXX CMTE CHAIR**

**CMTE CHAIR PHONE #:** **ADDRESS: P.O. BOX 118**

 **MIDDLEBURG, FL 32050**

**CMTE CHAIR EMAIL:**

**www.floridaque.com is the website where you will submit the report.**