

Top portion to be completed prior to fundraiser

School Name: _____
 Sponsor Name: _____ Account: _____
 Projected Activity: _____
 Fundraiser Start Date: _____ Fundraiser End Date: _____

PURPOSE OF FUNDRAISER (if a flyer was created to advertise fundraiser, attach copy to form)

VENDOR INFORMATION (Name, Address, Phone)

 SPONSOR'S SIGNATURE & DATE ADMINISTRATOR'S SIGNATURE & DATE

Bottom portion to be completed after fundraiser is complete

See attached Profit/Loss Statement (check box if using Event Codes in School Funds Online)

REVENUE:	*Receipt #	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Revenue Earned: _____

EXPENSE:	*Check #	Date	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Expensed: _____

* - Attach printout from School Funds Online to confirm deposits and checks (if Event Codes are not used)

Profit (Revenue less Expenses): _____ Unsold Items: _____
 Percentage of Profit (Profits divided by Revenue): _____ Method of Disposal: _____

I certify this report is correct to the best of my knowledge.

 SPONSOR'S SIGNATURE & DATE ADMINISTRATOR'S SIGNATURE & DATE