FUND RAISER PROFIT/(LOSS) STATEMENT

For The Period ____/____/____ Through ____/____/____

SCHOOL NAME: _____

CLUB OR ORGANIZATION NAME: _____

PRODUCT TO BE SOLD: _____

VENDOR PURCHASED FROM: _____

VENDOR'S ADDRESS: _____

_____

SCHOOL PO NUMBER: _____ INVOICE NUMBER: _____

INVOICE AMOUNT: $ _____ DATE PAID: _____ CHECK NO. _____

COST PER ITEM: $ _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Cash Receipts:

Merchandise Sales	$ _____	
Donations	_____	
_____	_____	
_____	_____	
_____	_____	
TOTAL Cash Receipts		$ _____

Cash Disbursements:

Cost of Goods/Merchandise Sold	$ _____	
Cost of Prizes Awarded	_____	
_____	_____	
_____	_____	
_____	_____	
TOTAL Cash Disbursements		$ (_____)
GROSS MARGIN or BALANCE		$ _____
LESS: Sales Tax Collected (If applicable)		$ (_____)
NET PROFIT/(LOSS) ON THIS ACTIVITY		$ _____

_____ _____

Preparer's Signature Date Principal's Signature Date