ı	Fund	raicar	Number	
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Revenue Analysis/Fund Raising Recap Form

Account:				S	chool Site:						
Club Name:					Advisor:						
Fundraiser:					Date(s):		_				
					. , ,						
Expected Fundraising Profit \$											
Please include			nd/or ASB Sales L	_og to provide de	etail.						
REVENUE	Actu	al S	Sales	Total		*Deposit	Amount of				
	Quantity	X	Unit Price	(# x price)		Receipt #	Deposit				
1.		X									
2.		X									
3.		X									
4.		X									
	Т	ota	l Actual Sales								
			•								
EXPENSES	Actu	ıal	Cost	Total							
	Quantity	X	Unit Price	(# x price)							
1.		Х									
2.		Х									
3.		х									
4.		Х									
	To	otal	Actual Costs								
			•		•						
PROFIT	Total Actual Sales	-	Total Actual Cost	Total Profit							
		-									
					Total	of Deposits					
				(D	eposits must	= Actual Sales)					
-	of Significant	Dif	ference:	*This form	will not be ac	cepted without	Deposit Receipt #'s				
Items Given	Away										
Items Lost											
Items Stolen											
Items Damaged											
Items On Hand											
TOTAL											
Other Explanations:											
Date Approve	2d										
Date Appears in Minutes											
	ector Signature										
Advisors Sign					-						
, avisors orgi	iatui				-						

Procedure:

1) ASB Approval 2) Complete Revenue Form within 10 days after fund raiser is over 3) Submit form to ASB

4) Keep a copy for club records