

George County School District

Fundraiser Reconciliation Form

INSTRUCTIONS:

Within five working days of the completion of the fundraiser a post-activity reconciliation must be made. Complete reconciliation report below and forward to business office.

School _____ Class, Group, etc. _____

Fundraising Activity _____ Held From _____ to _____

Students/sponsors who participated: _____

Revenue:

Selling Price (per unit) \$ _____

Quantity of Units Sold _____

Total Sales (*unit price times quantity*) \$ _____

Donations \$ _____

Total Revenue (*sales plus donations*) \$ _____

Cost of Goods Sold:

Purchases (*include shipping & sales tax*) -\$ _____ (*Enter Purchase Cost as a negative and Credits as a positive.*)

Less: Credits/Returned items \$ _____

Cost of Goods Sold Total -\$ _____

Net Profit (*Total Revenue less Total Cost*) \$ _____

Purchase Order Numbers: _____

Receipt Numbers: _____

General Ledger Code: _____

Comments: _____

(List any student not returning money or product(s) and amount(s) or any modifications above.)

Sponsor's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____