FUNDRAISER PROFIT/(LOSS) STATEMENT

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

SCHOOL NAME: Ravenswood High School

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**