

**LEESVILLE HIGH
FUND RAISER FINANCIAL REPORT
DUE ONE WEEK AFTER CONCLUSION OF FUND RAISER**

Club/Organization: _____

Teacher/Sponsor: _____

Fund Raising Activity: _____

Dates For Fund Raiser: From _____ To _____

Revenues:

Deposit Date	Amount Deposited	Deposit Date	Amount Deposited	Deposit Date	Amount Deposited
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Revenues \$ _____

Expenses:

Date	Items Purchased	Number of Units Purchased	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Expenses \$ _____

Profit (Loss) From Fund Raiser (\$Revenues - \$Expenses) \$=====

Profit Percentage (\$Profit / \$Total Revenues) _____

(Note: Please attach a full explanation for any loss of inventory, uncollected monies, or other unusual transactions.)

Submitted By: _____
Signature of Teacher/Sponsor _____
Date Received In Office

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