



Seminole County Public Schools, Florida

SCHOOL CLUB OR ACTIVITY FUNDRAISING REQUEST AND RECONCILIATION

Request

School _____ Club or Organization _____ Date _____

Brief description of activity with financial details: _____

Profit to be used for _____

Expected profit to be earned is \$ _____

Proposed Activity Dates

Activity will be completed by _____
(Date)

Present Account Balance is \$ _____

Present Accounts Payable is \$ _____

Club Officer or Activities Director _____

Teacher Sponsor _____

Approved: Principal _____ Date _____

Reconciliation

Receipts:

Total receipts from _____ = \$ _____
Total

Cash Over/Under \$ _____

Total Cash Turned In (a) \$ _____

Expenses:

Cost of Materials \$ _____

Less Returned for Credit \$ _____

Net Expenses (b) \$ _____

Profit (Loss) (a) - (b) \$ _____

I hereby certify that this report is true and accurate.

Signature of Club Officer or Activities Director

Date