



Fundraising Reporting Form

This form must be completed and submitted to the building administrator within 10 days of the completion of the fundraiser.

Name of person in charge of fundraiser	School	Date
Email		Phone
Beneficiary of the fundraiser		
Date(s) of fundraiser		
Fundraiser description		

Total revenues \$	Type of expenditure (products, prizes etc.)
Total expenditures \$	
Net revenues \$	

What was the date of deposit?	
Name of person in charge of collection and depositing of funds	Phone number

SIGNATURES OF RECEIPT

Building Administrator	Date
Bgcampmd@sqq cqg _l b Dg _l ac	Date