Fund Raising Activity Summary Report

Name of Event _____ School _____

Person Responsible: _____ Date of Activity: _____

*Total Gross Sales (Total money taken in): _____

		Ck #	Date
Less Sales Tax:	_____	_____	_____

Net Sales: $ -

Deposits:

Prepared by	Date	Amount

Total Deposits $ -

Difference (Explain Variance below): $ -

General Ledger Account Number (Internal Groups Only) _____

Expense Detail				
Date	Vendor	Description	Cost	Total Expenses
	State of Michigan	Sales Tax		
				$ -

Explain any vendor bonus program (cash back for volume sales, free products, etc.):

_____

_____

_____ _____

Prepared by Date Verified by Date