**Montabella Community Schools**

**Fundraiser Profit Sheet**

**This report is to be returned to the Central Office within 15 days of completion of the fundraiser.**

School:

Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Sale:

Name of Activity:

Funds Deposited To:

Gross Sales/Donations:

\*Total Expenses:

Total Amount Deposited:

Net Profit:

 (Gross Sales/Donations- total expenses)

Prepared by (Print name):

Signature:

Date:

Principal/AD Signature:

\*Expenses must be turned into Central Office for reimbursement.

 -Do not pay cash to anyone from the fundraiser proceeds.

\*Please turn in any supporting documents for your fundraiser.

**Send completed form to Central Office.**

Central Office use only:

Request for Fundraiser form turned in: Yes □ No □

Fundraiser Profit form turned in: Yes □ No □

Any issues:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_