

# WELLPINIT SCHOOL DISTRICT #49

## Fundraiser Reconciliation Form

Group Name: \_\_\_\_\_ Account # \_\_\_\_\_

Fundraiser Dates: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Fundraiser Activity: \_\_\_\_\_

**Expenses:**

**Merchandise Purchased:** (music, candy, pop, ect.)

Vendor	Item Description	Qty.	Price	Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Total Ordered _____	Subtotal	\$ _____
	Tax	\$ _____
	Shipping	\$ _____
	Total Expenses	\$ _____

**Revenue:**

**Merchandise Sold:** ( tickets, candy. Pop, ect.)

Item Description	Qty.	Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total Sold _____	Total	
	Revenue	\$ _____
(Should equal total deposits)		

**(Turn over and complete reverse side)**

**Merchandise Unsold or Tickets Unsold:**

Item Description	Qty.	Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
		Shipping	\$ _____
		Tax	\$ _____
		<b>TOTAL UNSOLD</b>	\$ _____

Unsold merchandise has been returned to the vendor for credit  Yes  No  
 If not returned, please explain

\_\_\_\_\_

\_\_\_\_\_

**Merchandise Checked Out and Not Returned:**

Item Description	Qty.	Price	Total
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Value of Goods Not Returned**    \$ \_\_\_\_\_

The unsold items have been placed in inventory and the inventory list submitted to the ASB Advisor

Yes  No

Please explain any discrepancies: \_\_\_\_\_

\_\_\_\_\_

Advisor/Adult Responsible \_\_\_\_\_

Date \_\_\_\_\_

Sign where indicated and return to ASB Advisor. This reconciliation form will be kept on file for state auditing purposes.

## Fundraiser Reconciliation

A. Items Purchased	
B. Retail Value of Purchase <i>A. times sales price</i>	\$
C. Merchandise Returned	
D. Retail Value of Returns <i>C. times sales price</i>	\$
E. Total Items Sold <i>B. minus D.</i>	\$
F. Number of Unreturned/Unsold Items	
G. Value of Unreturnable Merchandise <i>F. times sales price</i>	\$
H. <b>Gross Profit</b> <i>F. minus G.</i>	\$
I. Expenses that lower the profit: <i>Note:</i>	\$
J. <b>Net Profit</b> <i>H. minus I.</i>	\$