

Southington Athletic Boosters

Fundraising Reconciliation

Please submit this form IMMEDIATELY after the sales/fundraising project is completed.

SPORT TEAM: _____

PROJECT/FUNDRAISER: _____

PROJECT/FUNDRAISER DATE(S): _____

TOTAL MONEY RECEIVED FROM PROJECT/FUNDRAISER: \$ _____

TOTAL EXPENSES: (List expenses individually below. Use space on back if necessary.)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____

NET PROFIT: \$ _____

SPONSOR'S SIGNATURE: _____ DATE: _____

ATHLETIC BOOSTER USE ONLY

As Per Treasurer's Records: DATE PROJECT/FUNDRAISER APPROVED: _____

TOTAL DEPOSITS \$ _____ TOTAL PAID OUT \$ _____

PROFIT OR LOSS AS PER TREASURER'S RECORDS: \$ _____

Booster Treasurer's initials: _____ Date: _____