



Sherman Independent School District Fundraising Recap Report

This form must be completed and returned to the bookkeeper at the end of the fundraising event

Organization _____ Fundraiser _____

Total Collections from Fundraiser:

Date	Receipt #	Description	Amount
			\$
		Per Attached List (if needed)	
Total Collections			\$

Total Disbursements for Merchandise, Advertising, Prizes, etc. for Fundraiser:

Date	PO#	Payee/Vendor	Amount
			\$
		Per Attached List (if needed)	
Total Disbursements			\$

Profit (Net Proceeds) from Fundraiser:

Total Collections – Total Disbursements	\$
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Sponsor/Person Responsible for Fundraiser

____ / ____ / ____
Date