PERRY LOCAL SCHOOL DISTRICT
#2 – SERVICE PROJECT FUND RAISER

SUMMARY OF SALE

_____ _____ _____
Club Name Club Account Number Date

Recap of deposits made for fund raiser:

Date Deposited	Amount	Date Deposited	Amount	Date Deposited	Amount

Total of All Deposits (a) $ _____

Recap of expenditures for fund raiser: (Includes credits and returns)

Purchase Order No. Vendor Invoice No. Amount Paid

_____

_____

_____

_____

Total of All Expenses (b) $ _____

TOTAL DEPOSITS (a) $ _____

TOTAL EXPENSES (b) $ _____

PROFIT ON SALE (a-b) $ _____

ORIGINAL TO TREASURER, COPIES TO BUILDING PRINCIPALS AND SECRETARY/CLERK

SUBMIT WITHIN 10 DAYS AFTER COMPLETION OF FUND RAISER