

**ARDMORE HIGH SCHOOL**  
**REPORT OF FUND RAISING ACTIVITY**

School Organization \_\_\_\_\_ Date \_\_\_\_\_

Activity	Description of Items Sold	Vendor's Name Vendor's Address
_____	_____	_____
_____	_____	_____

No. of Items Purchased		Sale Price of Items		Total Amount to be realized	Payment (Office Use Only)
_____	x	_____	=	\$ _____	Check # _____ Date _____ Amount \$ _____

Master Receipt	Name of Teacher	Amount Collected	Amount to Collect	Difference
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Total of this page		\$ _____	\$ _____	\$ _____
Total of additional pgs		\$ _____	\$ _____	\$ _____
Grand Total		\$ _____	\$ _____	\$ _____

All funds must be recorded from any source in an individual teacher receipt book and covered by a Master Receipt in the School Office. An explanation must be attached in detail if any DIFFERENCE in the amount to be collected and the amount collected at the end of the Fund Raising Activity.

**TOTAL AMOUNT OF PROFIT FROM THIS ACTIVITY \$ \_\_\_\_\_**

THIS FORM IS TO BE COMPLETED WITHIN 5 DAYS AFTER THE END OF THE FUND RAISING ACTIVITY AND PLACED ON FILE IN THE SCHOOL OFFICE.

I certify that this report constitutes all funds derived from the Fund Raising Activity described above.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date