

St. Clair County Board of Education

Fund Raiser Revenue Report

SCHOOL _____

Date of event / sale: _____

Name of Fundraiser: _____

Teacher / Sponsor: _____

Start-up Funds (if applicable): \$ _____

Total deposited to office:

(If additional deposits are made to the office at different times a separate form must be used for each deposit)

Cash \$ _____

Checks \$ _____

Change \$ _____

Total \$ _____

Teacher / Sponsor Signature

Date

.....

Verified Amount Correct: _____
Initials

Date

Ledger Receipt #: _____

Posted to activity #: _____