

RA Long High School
Fundraising Product Inventory - Received from Provider (Vendor)

Turn form into Jaimie in the ASB Office

Start Date _____

End Date _____

Club/Sport Name _____

Items Purchased _____

Please indicate below the items that you received from the supplier to re-sell

ITEM NAME	QTY	DESCRIPTION	PRICE EACH	TOTAL PRICE
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL				\$0.00

**** ASB OFFICE USE ONLY ****

Date Received _____

PO Number _____

ASB Secretary Initials _____

InTouch Item Code _____