

STARK COUNTY ESC  
FUND RAISER RECONCILIATION FORM

CLASS NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

VENDOR: \_\_\_\_\_ PURCHASE ORDER (PO)#: \_\_\_\_\_

Merchandise Available For Sale: List each PO Number and amount as a negative (-) number.

| PO Number | Amount | PO Number    | Amount |
|-----------|--------|--------------|--------|
| _____     | _____  | _____        | _____  |
| _____     | _____  | _____        | _____  |
| _____     | _____  | _____        | _____  |
| _____     | _____  | TOTAL Amount | _____  |

Sales Summary: List number of units sold and selling price per unit or attach catalog or price listing.

|        |       |       |                            |      |       |
|--------|-------|-------|----------------------------|------|-------|
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| _____  | units | @     | \$ _____                   | = \$ | _____ |
| TOTAL: | _____ | units | SALES REVENUE              | \$   | _____ |
|        |       |       | DONATIONS                  | \$   | _____ |
|        |       |       | TOTAL REVENUE FROM PROJECT | \$   | _____ |
|        |       |       | LESS TOTAL EXPENSES        | \$   | _____ |
|        |       |       | PROFIT ON PROJECT          | \$   | _____ |

|                                  |          |                      |       |
|----------------------------------|----------|----------------------|-------|
| Money To Be Accounted For:       | \$ _____ | Qty Ordered:         | _____ |
| Amount Deposited with Treasurer: | \$ _____ | Qty Sold:            | _____ |
| Balance Due:                     | \$ _____ | Qty Returned:        | _____ |
|                                  |          | Qty On Hand:         | _____ |
|                                  |          | Qty Unaccounted For: | _____ |
|                                  |          | Merchandise**        |       |

Advisor \_\_\_\_\_ Date \_\_\_\_\_ Treasurer \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

\*\*Must be supported by Documentation