Mathis Independent School District

Fund Raiser Documentation and Tracking Form

FUND RAISER:					DATES:		
DATE ISSUED	STUDENT NAME	STUDENT SIGNATURE	MERCHANDISE DESCRIPTION	RETAIL VALUE	AMOUNT RECEIVED	BALANCE OWED	COMMENTS

SPONSOR SIGNATURE: _____

LACKLAND ISD
FUNDRAISING COLLECTIONS RECORD

CAMPUS: _____ **CLUB:** _____

FUND RAISER: _____ **DATES:** _____

DATE RECEIVED	STUDENT NAME	AMOUNT COLLECTED	CASH	CHECK	RECEIPT NUMBER	DATE DEPOSITED	RECEIPT NUMBER	COMMENTS

SPONSOR SIGNATURE: _____