

## Colorado Springs School District 11 Revenues Generated from School or District Activities and Fundraisers Reconciliation Form

School Name \_\_\_\_\_ Activity Facilitator \_\_\_\_\_

Name of Organization/Activity \_\_\_\_\_ Opening Date \_\_\_\_\_ Closing Date \_\_\_\_\_

Purpose of Activity Funds \_\_\_\_\_

Purpose of Residual Activity Funds (if any) \_\_\_\_\_

Is a contract required?  Yes  No (Any contracts involved may **only** be signed by the Principal, please attach copy of contract)

Will this activity include inventory?  Yes  No (If yes, please use the inventory tracking form)

Should sales tax be collected?  Yes  No (When selling items, sales tax could be required, contact Admin. Asst. / Business Sec. for details)

**Pre-approval** required by obtaining Principal's signature/date before collecting funds \_\_\_\_\_ Date \_\_\_\_\_

Admin. Asst. / Business Sec. has been notified  Completed

**Is the fundraiser/activity approved by the D11 Engage Office?**  Yes  No  Internal (Attach Fundraising Privileges Memorandum)

**Reconciliation for the Activity:** SSA Program # being used \_\_\_\_\_ (Please attach additional sheets if needed for reconciliation)

**Revenues** (All proceeds must be deposited daily to the SSA bank account)

<u>Date</u>	<u>Description</u>	<u>Amount</u>		<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____

**Total Revenues** \$ \_\_\_\_\_

**Expenditures**

<u>Date</u>	<u>Description</u>	<u>Amount</u>		<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____

**Total Expenditures** \$ \_\_\_\_\_

Is the SSA history report attached for above program #?  Completed

**Net Revenue/Deficit from the Activity** \$ \_\_\_\_\_  
 (Revenues minus Expenditures)

**For Office Use Only**  
 Upon completion and reconciliation of the activity, obtain below signatures acknowledging the Net Revenue/Deficit

Activity Facilitator signature \_\_\_\_\_ Date \_\_\_\_\_

Principal / Business Manager signature \_\_\_\_\_ Date \_\_\_\_\_