

GREAT NECK UFSD
EXTRACLASSROOM ACTIVITIES - _____ SCHOOL
STATEMENT OF PROFIT & LOSS

CLUB NAME _____

ACTIVITY _____ DATES _____

Subject to NYS Sales Tax? (Circle One) **Yes** **No**

Receipts

Date of Sale	Description of Sale Item	Total # Sold	Sale Price	Total Receipts	Ticket Number From	Ticket Number To

Anticipated Receipts \$ _____

Total Actual Receipts \$ _____

Disbursements

Date	Check #	Payee	Purpose	Amount

Anticipated Disbursements \$ _____

Total Actual Disbursements \$ _____

PROFIT (LOSS) \$ _____

\$ _____

Club Treasurer

Advisor

Date