Bridgeport Independent School District
Sales Record Form

Complete and submit to the campus office at the conclusion of the fundraiser.

School: _____ Account #: _____

Activity/Club: _____ Sponsor Name: _____

Date(s) of Sale: _____ Supplier of Good: _____

Taxable Sales: YES NO Fundraiser YES NO

	DATE	AMOUNT		DATE	NAME		DATE	NAME
1			6			11		
2			7			12		
3			8			13		
4			9			14		
5			10			15		

TOTAL

RECONCILIATION

For Items sold on a pre-order basis: (e.g. brochure sales, library books sales)

Expected collections, per vendor sales summary

Total Deposits from above

Difference

For items purchased prior to sale:

Total number of items purchased

Less: Number of items returned for credit (if applicable)

Equals: Total number of items available for sale

Multiply by sales price per item

Total that shold have been deposited

Compare to: Total deposited from above

Difference: (between total that should have been deposited and total deposited)

Please explain any differences:

Primary Sponsor/Designee Signature

Primary Sponsor/Designee Name / Title Date

Revised 7/23/2024