



West Chester Area School District

Student Activity/Trust Fund
Fundraiser Reconciliation Form
Building Use Only

The fundraiser reconciliation form must be completed for each fundraiser within two weeks of the ending activity date.

School: _____ Project Name & #: _____

Fundraising Activity: _____

Product Sold _____

Activity Date: ____/____/____ to ____/____/____

How/Where Products Sold (i.e. pre-order, door to door, before/after school): _____

Number of Students Participating in Fundraiser: _____

Merchandise Purchased	
A Total Units of Merchandise Purchased	_____
B Total Units of Merchandise Sold	_____ at _____
C Net Profit	_____
D Plans for remaining inventory	_____

Monies Deposited From Fundraiser <small>(attach an additional sheet if necessary)</small>	Date _____	Amount _____	
	Date _____	Amount _____	
	Date _____	Amount _____	
	Date _____	Amount _____	
	Date _____	Amount _____	Total Collected
	Date _____	Amount _____	_____

Fundraising Summary	
Actual Funds Collected (should agree with TOTAL COLLECTED)	_____
Less Cost of all Items purchased from _____	_____
Profit / (Loss)	_____

Student Officer Signature _____ Date _____ Student Officer Name Printed _____

Faculty Advisor Signature _____ Date _____ Faculty Advisor Name Printed _____

Signature of Principal _____ Date _____