

Form E – Fundraiser Reconciliation Form



**WEST CHESTER AREA SCHOOL DISTRICT**  
**Fundraiser Reconciliation Form**  
Building Use Only

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

School: \_\_\_\_\_

Project Name & #: \_\_\_\_\_

Fundraising Activity: \_\_\_\_\_ Product(s) Sold: \_\_\_\_\_

Fundraiser Date(s): \_\_\_\_\_

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

Name of Students Organizing Fundraiser: \_\_\_\_\_

**Merchandise Reconciliation:**

A. Total Units Purchased = \_\_\_\_\_ Per Unit Paid Price = \_\_\_\_\_

B. Total Units Sold = \_\_\_\_\_ Per Unit Sold Price = \_\_\_\_\_

C. Net Profit = \_\_\_\_\_

D. Plans for Remaining Inventory: \_\_\_\_\_

**Fundraiser Deposits:**

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

(Attach more pages if necessary)

**TOTAL COLLECTED:** \_\_\_\_\_

**Fundraiser Summary:**

Actual Funds Collected (should agree with TOTAL COLLECTED) \_\_\_\_\_

Less Cost of all Items Purchased from \_\_\_\_\_

vendor name

**TOTAL Profit / (Loss)** \_\_\_\_\_

\_\_\_\_\_  
Student Officer's Signature Date

\_\_\_\_\_  
Student Officer's Name Printed

\_\_\_\_\_  
Faculty Advisor's Signature Date

\_\_\_\_\_  
Faculty Advisor's Name Printed

\_\_\_\_\_  
Principal's Signature Date