Tarkington Independent School District
Activity Account
Fund Raiser Reconciliation Form

School: _____ Club: _____

Fund Raiser Title: _____

Actual Sales:

Receipt No.	**Amount Deposited**	**Sales Tax (if required)**
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
Total Sales/Tax	$_____	$_____

Actual Sales (Amount Deposited – Less Sales Tax) $_____

Actual Expenses:

Invoice Number	**Invoice Amount**
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total Expenses	$_____

Net Profit/Loss (Total Sales less Total Expenses) **$_____**

Club Treasurer: _____ Date: _____

Sponsor: _____ Date: _____

Principal: _____ Date: _____

**Keep copy on campus and send original to Business Office