

PRELIMINARY SALES PROJECT FORM

Organization/Event _____ Fund- _____ - _____

Date(s) of Activity: (start) _____ (end) _____ Advisor _____

Brief description of sales project: _____

_____ Estimated money to be raised: \$ _____

Advisor _____ Date _____ Principal _____ Date _____ Superintendent _____ Date _____

After Sales Project – Complete Final Report

SALES RECONCILIATION FORM

SALE ITEM DESCRIPTION	QUANTITY SOLD	SELLING PRICE
_____	_____	X \$ _____ = \$ _____
_____	_____	X \$ _____ = \$ _____
		Total Sales \$ _____

PURCHASED ITEM DESCRIP.	QUANTITY PURCHASED	PURCHASE PRICE
_____	_____	X \$ _____ = \$ _____
_____	_____	X \$ _____ = \$ _____
		Total Purchases \$ _____

Total Sales _____ - Total Purchases _____ = New Profit \$ _____

DISCREPANCIES _____

NET SALES (gross sales minus returns): \$ _____

DEPOSITS MADE:

Date	Receipt Number	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Total Deposits: \$ _____

NOTE: Difference should be zero (0); but if it is not, explain details: _____

Advisor _____ Date _____ Principal _____ Date _____

Advisor: complete Preliminary Sales Project Form, forward to principal for approval

Principal: sign and forward to treasurer's office

Treasurer: forward to superintendent for signature, keep original, and return a copy to advisor

After Project: **Advisor:** complete Sales Reconciliation Form, sign, and forward to principal's office

Principal: sign form, retain a copy for files and send signed copy to treasurer's office

Please submit requisitions for student activity expenses at least two weeks prior to event.