

SPRING COVE SCHOOL DISTRICT

915-AR-4 POST FUNDRAISER REPORT
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Name of Organization _____

Name of Responsible Person _____

Actual Beginning Date of Fundraiser _____

Actual Ending Date of Fundraiser _____

Description of Fundraiser _____

Gross Income from Fundraiser \$ _____

Net Profit from Fundraiser \$ _____

Present Cash Balance (including net profit) \$ _____

Was this Fundraiser a Small Game of Chance? _____ Yes _____ No

If yes, records must be kept on file for two years by an Officer of the Organization. In the event that the District Attorney requests to review said records, the responsible record keeper will be accountable to produce and explain any and all records relating to this fundraiser.

Signature of Responsible Record Keeper _____ Date _____

Signature of Treasurer _____ Date _____

Signature of Building Principal _____ Date _____

Date Received in Business Office _____

Signature of Business Manager _____ Date _____

DUE IN BUSINESS OFFICE BY _____