

Maple Heights City Schools Fundraiser Sales Completion Form

At the conclusion of your fundraising activity, this final report must be completed and forwarded to the building principal. Please remember to keep an electronic version of this completed report in your files.

School: _____ Organization: _____

Approved Activity/Fundraising Event: _____

Start Date: _____ End Date: _____

Date approved
by principal: _____

Purchase Order #:

Costs of goods or service to the district:	_____
Other costs incurred:	_____
Total costs to hold event/fundraiser:	_____ \$0.00
TOTAL revenue collected:	_____
Fundraiser profit:	_____ \$0.00

Activity Advisor: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____

Treasurer: _____ Date: _____