

FORM AHF-4: Fund Raiser Profit/Loss Statement
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Campus: _____

Organization: _____

Date(s) of Event: _____ to _____
Month/Day/Year Month/Day/Year

Fund Raiser Title: _____

A. Total Sales: \$ _____ (from page two)

B. Total Expenses: \$ _____ (from page two)

C. Sales Tax: \$ _____

D. Actual Profit/Loss: \$ _____ (A minus B minus C)

Status of any remaining inventory:

Treasurer's Signature _____ Date _____

Sponsor's Signature _____ Date _____

Principal's Signature _____ Date _____

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Actual Sales:

<u>Receipt No.</u>	<u>Amount Deposited</u>	<u>Sales Tax (if required)</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Actual Sales (Total Deposits – (Less) Sales Tax) \$ _____ (to be entered in A on page 1)

Actual Expenses:

<u>Invoice Number</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenses \$ _____ (to be entered in B on page 1)

Treasurer's Signature: _____

Date: _____

Sponsor's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____