**STONE COUNTY SCHOOL DISTRICT**

FUNDRAISING RECONCILIATION FORM

(This form must be completed within 5 days of activity conclusion)

SCHOOL: SHS  SMS  SES  PES

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fund-Raising Event: | |  | | | | | | | | | |
| Number of Students Involved?: | | |  | | |
| Actual Length of Activity (Inclusive dates): | | | |  | | | | | | | |
| Date Activity Approved by the Superintendent & School Board: | | | | | | | | |  | | |
| Sponsor(s) who participated in the Activity: | | | | |  | | | | | | |
| Total Collections/Deposits | | | | | $ | | | |
| Less: Total Paid Out | | | | | $ | | | |
| Profit on Fund-Raising Act | | | | | $ | | | |
| I agree that this fundraiser has been implemented according to district policies and procedures and all funds were receipted and deposited in a timely manner. | | | | | | | | | | | |
|  | | | | | | |  | |  | |
| Sponsor | | | | | | |  | | Date | |
|  | | | | | | |  | |  | |
| Principal/Director | | | | | | |  | | Date | |