

WPCSD FUNDRASIER ACCOUNTABILITY FORM

The following information is to be sent to the Superintendent's Office within five (5) working days of the completions date of this approved fundraiser.

Fundraiser Title _____

Fundraiser Completion Date: _____

Total Amount of Monies Collected: _____

Total Expenses of Monies Collected: _____

Amount of Profit: _____

Amount of Loss: _____

Fundraiser Sponsor - *Print Name*

Fundraiser Sponsor- *Signature*

Date

Principal's Signature

Date