

ESCAMBIA COUNTY PUBLIC SCHOOLS
Fund Raiser Accountability Form

This section to be completed by requesting individual and/or bookkeeper and forwarded to Principal for action.	
School: _____	
Start Date: _____	End Date: _____
Organization/Group/Class Conducting Fund Raiser: _____	Organization/Group/Class
Project/Purpose of Funds Raised: _____	
Enter a value for the following items highlighted:	
1. Total Cost of items/products purchased	_____
2. Number of items sold	_____
3. Selling price of items	_____
4. ANTICIPATED PROFIT (#2 multiplied by #3) (Take total and subtract #1)	\$ _____
The following figures must be supported by an attached detailed activity report with total deposits and expenditures highlighted.	
Total deposited to office:	_____
Total expenditures for fund raiser:	- _____
ACTUAL PROFIT (OR LOSS) (Deposits minus Expenditures)	\$ _____
* Difference between anticipated and actual profit must be explained on reverse side of this form.	
** Losses must be explained on reverse side of this form.	
Responsible Party: _____	_____
Name	Date

Principal's Signature

Date

NOTE: Accountability Reports must be completed and maintained with school financial records.