



Macon County Board of Education FUNDRAISER ACCOUNTABILITY FORM

SECTION 1 *To be filled out BEFORE Fundraiser begins*

Description of proposed Fundraiser: _____

Vendor Name: _____ Profit %: _____
 Estimated Total Profit: _____

Club or Activity: _____ Teacher/Sponsor: _____

Beginning Date: _____ Ending Date: _____

Principal's Approval: _____

SECTION 2 *To be filled out AFTER Fundraiser ends*

RECEIPTS			PAYMENTS		
MASTER RECEIPT#	DATE	AMOUNT	CHECK/ Money Order #	DATE	AMOUNT
			Total		
			TOTAL RECEIPTS:		
			TOTAL PAYMENTS:		
			TOTAL PROFIT		
			TOTAL PROFIT PERCENT		
Total					

** See below

THIS FORM IS TO BE COMPLETED WITHIN 10 DAYS AFTER THE END OF THE FUNDRAISER & KEPT ON FILE AT THE CENTRAL OFFICE

** Total Profit divided by Total Receipts will give you your percentage.
I certify that this report constitutes all funds derived from the Fundraiser described above.

PRINCIPAL SIGNATURE

DATE