

Date: _____

SUMMARY COLLECTION FORM

NUMBER _____

_____ School

Deposit To: _____
Fundraiser: _____

Time Frame of
(Fund)

Reason for Receipts:

(Fundraiser, Field Trip)

Sponsor: _____ Title:
(Please Print Name)

RECEIPT DETAIL:

CASH:

Coin:

CHECKS:

(See Detail Below)

Money Orders:

(See Detail Below)

TOTAL:

NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The ExtraCurricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Summary Collection Form is turned in.

I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS
AND REPORTED THE SAME HEREIN
(Signature of Fund Representative, Name is Printed Above)

Detail Checks/Money Orders
(Attach Additional Information As Needed)

<u>Numb</u> <u>er</u>	<u>Amoun</u> <u>t</u>	<u>Numb</u> <u>er</u>	<u>Amoun</u> <u>t</u>	<u>Numb</u> <u>er</u>	<u>Amoun</u> <u>t</u>	<u>Numb</u> <u>er</u>	<u>Amoun</u> <u>t</u>

Sub to tal	\$	Sub to tal	\$	Sub to tal	\$	Sub to tal	\$

Amount From Additional Sheets

\$

Grand Total

\$

PRESCRIBED BY STATE BOARD OF ACCOUNTS

FORM SA-9 (2005)

Date: _____

ACCOUNTABLE ITEMS REVIEW

Number: _____

_____ School

Time Frame of Report: _____

DESCRIPTION:

Beginning Inventory

Purchases

Subtotal

Complimentary
Distributions Per School
Board Policy:

Athletic Teams

Staff Meetings

Awards

Other

Total

(_____)

Total Eligible for Sale

Ending Inventory

(_____)

Items Sold

Sale Price

\$

Projected Revenue (Items Sold @ Sale Price)

\$

Actual Amount Received

\$

Difference

\$

Signed: _____

Title: