



Jackson High School ASB Office

ASB Fundraiser Reconciliation Form

Date: _____ Advisor/Coach: _____ Club/Activity: _____

Fundraiser Date: _____ Type of Fundraiser: _____

Vendor Name: _____

1. Number of items purchased from vendor: _____
2. Number of items sold: _____
3. Number of items remaining: _____

Selling price of each item \$: _____ Item: _____

Where is the remaining inventory? What are your plans for the remaining inventory?

Can you return left over inventory to the vendor for a refund? Y/N: _____ If yes, when: _____

ASB Office:

Money received by ASB Office (InTouch/POS)

Receipt#: _____ Amount \$: _____

TOTAL

\$: _____

Number of items sold "multiplied by" selling price.

\$: _____

TOTAL

\$: _____

TOTAL (over/shortage)

\$: _____

Reason for shortage or overage: _____

Club/Organization Treasurer (PRINT)

Club/Organization Treasurer (SIGN)

Date

Please return to the ASB Office as soon as the fundraiser is over. Keep a copy for your records.