**STONE COUNTY SCHOOL DISTRICT**

FUNDRAISING RECONCILIATION FORM

(This form must be completed within 5 days of activity conclusion)

SCHOOL: SHS [ ]  SMS [ ]  SES [ ]  PES [ ]

|  |  |
| --- | --- |
| Fund-Raising Event: |       |
| Number of Students Involved?: |       |
| Actual Length of Activity (Inclusive dates): |       |
| Date Activity Approved by the Superintendent & School Board: |       |
| Sponsor(s) who participated in the Activity: |       |
| Total Collections/Deposits | $      |
| Less: Total Paid Out | $      |
| Profit on Fund-Raising Act | $      |
| I agree that this fundraiser has been implemented according to district policies and procedures and all funds were receipted and deposited in a timely manner. |
|       |  |       |
| Sponsor |  | Date |
|       |  |       |
| Principal/Director |  | Date |