

Colorado Springs School District 11 Revenues Generated from School or District Activities and Fundraisers Reconciliation Form

School Name _____ Activity Facilitator _____

Name of Organization/Activity _____ Opening Date _____ Closing Date _____

Purpose of Activity Funds _____

Purpose of Residual Activity Funds (if any) _____

Is a contract required? Yes No (Any contracts involved may **only** be signed by the Principal, please attach copy of contract)

Will this activity include inventory? Yes No (If yes, please use the inventory tracking form)

Should sales tax be collected? Yes No (When selling items, sales tax could be required, contact Admin. Asst. / Business Sec. for details)

Pre-approval required by obtaining Principal's signature/date before collecting funds _____ Date _____

Admin. Asst. / Business Sec. has been notified Completed

Is the fundraiser/activity approved by Volunteer Services? Yes No Internal (Attach Fundraising Privileges Memorandum)

Reconciliation for the Activity: SSA Program # being used _____ (Please attach additional sheets if needed for reconciliation)

Revenues (All proceeds must be deposited daily to the SSA bank account)

<u>Date</u>	<u>Description</u>	<u>Amount</u>		<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____

Total Revenues \$ _____

Expenditures

<u>Date</u>	<u>Description</u>	<u>Amount</u>		<u>Date</u>	<u>Description</u>	<u>Amount</u>
_____	_____	\$ _____		_____	_____	\$ _____
_____	_____	\$ _____		_____	_____	\$ _____

Total Expenditures \$ _____

Is the SSA history report attached for above program #? Completed

Net Revenue/Deficit from the Activity \$ _____
 (Revenues minus Expenditures)

For Office Use Only
 Upon completion and reconciliation of the activity, obtain below signatures acknowledging the Net Revenue/Deficit

Activity Facilitator signature _____ Date _____

Principal / Business Manager signature _____ Date _____