Madison-Plains Local Schools – Student Activity Forms
Fundraiser Disbursement Record

Reset Form

School Year:

Fund Name & #:

Date:

Phone:

Description of activity/event:

Start Date: **End Date:**

Student Name	# Goods Received	# Goods Returned	# Goods Sold	Price per Item	Expected Payments	Actual Payments	Variance
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00
			0		$ 0.00		$ 0.00

NOTE: If a student requests another supply of goods to be sold, make sure the first supply has been paid in full before giving him/her another supply.

ACTIVITY ADVISOR SIGNATURE/APPROVAL _____ **DATE:** _____/_____/_____