



**DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
FUNDRAISER RECONCILIATION**

GENERAL INFORMATION:

District Assigned Number:			
Campus:			
Club/Organization:			
Sponsor/Contact:			
Sponsor Contact Phone:		Email:	
Fundraiser Name/Type:			
Vendor:			
ACTUAL Fundraiser Begin Date:		End Date:	

FUNDRAISER RESULTS: ***For items raised via Crowd Funding, attach list of items collected*

ACTUAL SALES	DEPOSIT DATE	DEPOSIT TOTAL	
<i>Attach additional sheet if needed</i>		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL SALES		\$	(A)

ACTUAL EXPENSES	VENDOR	DATE PAID	AMOUNT PAID	
<i>Attach additional sheet if needed</i>			\$	
			\$	
			\$	
			\$	
TOTAL COST			\$	(B)

RESULTS OF FUNDRAISER	(A) – (B)	\$
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	Signature	Date
Sponsor		
Principal/Director		
Business Services		