Auburn School District No. 408

**ASB FUND RAISER PROFIT & LOSS STATEMENT**

(Complete within ten [10] working days of the end of fund raiser)

School Date submitted

ASB Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number

Adviser name

Fund-raising dates

Type of fund raiser/Products sold

Actual collection (gross amount)

Less: Cost of items received (from invoice) ( )

Additional costs (list)

 ( )

Add: Credit for returns

**PROFIT OR LOSS FROM FUND RAISER**

Anticipated revenue (total amount of funds to be raised)

(From *Intent to Raise Funds* Form)

Value of money/products outstanding

(Attach a list by student)

Advisor ASB Central Treasurer

ASB Officer School Administrator or Designee

Comments: