

A.S.B. Accounts Deposit

Was a fundraiser request form completed? Yes No

Deposit To _____ Account _____

Fundraisers - Please Complete Below

Account # _____ Date _____

By _____

Description of Item Sold: _____

Signature _____

Number Of Units/Tickets Received: _____

Less Amount Remaining: _____

Number of Units/Tickets Sold: A _____ B _____ C _____

Unit Selling Price: A \$ _____ B \$ _____ C \$ _____

Revenue Potential Ax B: _____

Actual Money Receive/Deposit: E \$ _____

Cash Over / Short C-E \$ _____

Explanation of Difference: _____

Given Away, Stolen, Did Not Count Correctly _____

	Dollars	Cents
Loose Coin		
Rolled Coin		
Currency		
Checks		

Less Change Fund	
Total E.	

Type of Activity: _____

Snack Bar, Sales, Fundraiser, etc...

Please return all packing slips, invoices, & statements to ASB