



LAKE SHORE CENTRAL SCHOOLS

Angola, New York 14006

716-926-2210

POST FUNDRAISER REPORT

THIS FORM MUST BE COMPLETED AND RETURNED TO THE W. T. HOAG ADMINISTRATOR WITHIN SEVEN (7) DAYS OF THE APPROVED FUNDRAISER END DATE.

School: _____

Organization Name: _____

Fundraising Activity/Item Sold: _____

Gross Proceeds: _____

Minus Sales Tax: _____

Minus Expenses: _____

Equals Net Profit: _____

Deposited Amount: _____

If Net Profit and Deposited Amount are not equal, please provide an explanation.

Student Account Into which Money is Deposited: _____

Report prepared and submitted by:

Print Name: _____

Phone: _____

Signature: _____

Date: _____

(For Office Use)

Signature of W. T. Hoag Adm.: _____ Date: _____

Forward to Nadine Kaczmariski

Business Office Signature: _____ Date: _____