



# 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: \_\_\_\_\_