

Activity Name _____ Date _____

Merchandise Receipts:

Date	Item Description	Quantity	Unit Price	Total Amount

Total Merchandise Receipts \$ _____

Cash Receipts:

Date	Amount	Date	Amount	Date	Amount	Date	Amount

Total Cash Receipts: \$ _____

Expenditures:

Date	Invoice#	Item Description	Quantity	Unit Price	Total Amount

Total Expenditures: \$ _____

Total Cash Receipts	\$ _____
Total Expenditures	-\$ _____
Items Returned: Qty. _____ Value	-\$ _____
Net Proceeds	= \$ _____

Inventory Over or Short (circle one)
 Qty. _____ Value \$ _____

Prepared by: _____ **Date:** _____
Principal: _____ **Building** _____