

**Lakota Local Schools
Summary of Sales**

Needs to be completed and turned in within 2 weeks following end date of sale/ event.

Activity Name: _____

Ending Date: _____

Total of all receipts:

**Please attach copies of all daily deposit sheets for verification. + _____

Minus Total of all expenses:

**Please attach copies of all invoices for verification. - _____

Minus any merchandise returned:

Description/ Quantity _____ Value - _____

*attach additional info if necessary

Minus any leftovers:

Description/ Quantity _____ Value - _____

*attach additional info if necessary

Net profit: _____

Advisor Signature: _____

Date: _____

Treasurer's Office Approval: _____

Date: _____