

**Fundraising Accountability Form**

**DUE BACK TO  
SUPERINTENDENT'S  
OFFICE WITHIN  
10 DAYS AFTER  
EVENT**

Date: \_\_\_\_\_

Fundraiser: \_\_\_\_\_

Person Responsible: \_\_\_\_\_

Amount Actually Raised: \_\_\_\_\_

\*\*\*\*Expense Total: \_\_\_\_\_

Remaining Funds: \_\_\_\_\_

Any Inventory Remaining from Event / How much and where stored:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Itemized Listing of Expenses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_