



FUNDRAISING FORM B: PROFIT AND LOSS STATEMENT

Return form within five (5) days of fundraiser to: denise.jamieson@detroitk12.org. Failure to submit this form within 5 days of holding the fundraiser may result in consequences, including, but not limited to fundraiser ban at your school location.

School: _____ I.D.# _____

Name and Date of Fundraising Activity: _____

Name and Title of activity coordinator: _____

Sponsoring group/club: _____

A. Total proceeds
(Sale price * number of items sold) \$ _____

B. Less cost of goods sold
(Purchase price * number of items sold) \$ _____

C. Gross profit (A-B) \$ _____

D. Less operating expenses:
Gifts or awards: _____ \$ _____
Other (Explain): _____ \$ _____

Total Operating Expenses: \$ _____

E. Net profit or loss (C-D) \$ _____

PLEASE NOTE: For audit purposes, profit reported will be cross checked with cash management bank deposit.

Detail other expenses not captured above: _____

Status and plans for any remaining inventory: _____

By signing this document, I acknowledge that I have read, understand, and agree to comply with all applicable DPSCD fundraising guidelines.

Reviewed by: _____ Date: _____
Bookkeeper or Treasurer Signature

Approved by: _____ Date: _____
Principal

Approved by: _____ Date: _____
Principal Leader

Office of Development and Partnerships Final Approval: _____

Date: _____

Students Rise. We all Rise