

**ST FRANCIS SCHOOL DISTRICT
POST-FUNDRAISING FORM**

Name of School: _____ Date: _____

Item Sold: _____

Vendor's Name and Address: _____

Sales Price		Number of Items Purchased	
_____	X	_____	= _____
Actual Receipts			= _____
Variance			= _____

Explanation of Variance:

Advisor Signature: _____ Date: _____

Verification Signature: _____ Date: _____