

STUDENT ACTIVITY RECONCILIATIONORGANIZATION NHSACTIVITY Lemonade Fundraiser

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete **SECTION ONE** for resale activities:

Quantity purchased from vendor and unit cost:	_____	@ _____	\$ _____	(PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost:	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price:	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation):	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses:	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit:			\$ _____	=PROFIT
Total amount of money deposited with building secretary:			\$ _____	DEPOSITS
(attach all office receipts and an explanation if not equal to total sales above)				

Complete **SECTION TWO** for other activities:

Description of actual revenues:	<u>Lemonade</u>	\$ <u>294.38</u>	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of actual expenses:	<u>Ø</u>	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit:		\$ _____	=PROFIT
Total amount of money deposited with building secretary:		\$ <u>294.38</u>	DEPOSITS
(attach all office receipts and an explanation if not equal to total revenue above)			

ADVISOR	<u>Karen Kent</u>	DATE	<u>3/30/26</u>
PRINCIPAL	<u>[Signature]</u>	DATE	<u>3/30/26</u>
SUPERINTENDENT	<u>[Signature]</u>	DATE	<u>4/7/26</u>
TREASURER'S OFFICE	<u>Gene Espence</u>	DATE	<u>3/31/26</u>