

Forms

Tally Sheet

(Name of School)

(Name of Club)

Tally Sheet

Fiscal Year: _____

Fund-raiser _____

Date of Fund-raiser _____

(A) Item Sold	(B) Tally Marks	(C) Total Tally Marks	(D) Sales Price	(E) Extended Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			(F) Grand Total	\$
			(G) Cash Receipts	\$
			(H) Difference	\$

(A) Description of each item being sold

(B) Tally marks made, one mark for each item sold

(C) Number of tally marks for that item

(D) Individual item sales price

(E) Total of (C) multiplied by (D)

(F) Grand total—sum of all extended values in (E)

(G) Cash receipts—cash count of total cash from sales, less any start up cash

(H) Difference—if (F) does not equal (G), this is the difference between the two

Do not “force” the balance on this sheet. If there is an out of balance, it should be researched and resolved.

Report prepared by: _____

Signature, Title and Date

Club Advisor: _____

Signature, Title and Date

Site Administrator or Designee: _____

Signature, Title and Date

Presented to ASB on: _____

Signature, Title and Date

Remaining/Unsold								
Total all losses								
Total Revenue (Revenues-Losses)								

Part II: Expenses

Expenses	Estimated Cost of Sales			Actual Cost of Sales			Difference	
	Number	Unit Price	Total (# x price)	Number	Unit Price	Total (# x price)	Units	Dollars
Cost of Items								
Cost of Items								
Other Expenses:								
Supplies								
Advertising								
Custodial OT								
Fees								
Equipment								
(describe)								
(describe)								
(describe)								
Total all Expenses								

Part III: Actual Net Profit for this Activity _____

Net Profit is the difference between Total Revenues and Total Expenses.

Report Prepared by _____ Date _____
(Name, Title)

Report Reviewed by Advisor _____ Date _____
(Name, Title)

Report Reviewed by Site Administrator _____ Date _____
(Name, Title)

Presented to ASB on _____
(Date)

Report of Ticket Sales

(Name of School)

(Name of Club)

Report of Ticket Sales Fiscal Year: _____

Fund-raiser: _____

Date of fund-raiser: _____

Person(s) selling tickets: _____

Signature of person(s) selling tickets _____

Note: This form was designed for one ticket color. If more are used with different prices, use additional Report of Ticket Sales sheets and summarize all sheets at the bottom.

Report prepared by: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Verified by Bookkeeper: _____
Signature, Title and Date

Site Administrator or Designee _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

\$3 Tickets		\$5 Tickets				
Totals:						

Total Collections Should be:

x \$3 =		+		x \$5 =		=	
Less:	Amount collected at the door:						
	Difference (short/ over):						

Report prepared by: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Site Administrator or Designee _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Report prepared by: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

ASB Cash Count Form

ASB Cash Count Form

Name of School

Name of Club

Fiscal Year

Name of person completing form: _____

Date completing this form: _____

(A) Denominations	(B) Number of Bills or Coins	(A times B) Total Amount Collected			
Pennies	.01				
Nickels	.05				
Dimes	.10				
Quarters	.25				
Half dollars	.50				
Dollar coins	1.00				
Dollar bills	1.00				
Five dollar bills	5.00				
Ten dollar bills	10.00				
Twenty dollar bills	20.00				
	Total amount of all cash	\$	(D)		Total Cash Receipts
	Total amount of all checks	\$	(E)		Total Check Receipts
	Total amount of all cash and checks	\$			

**Totals
from
Receipts
Adding
Machine
Tape**

Note

- Confirm that total "cash & coin" receipts equals total amount of all cash.
- Confirm that all check receipts agree to attached receipts.
- Confirm that all check payees individually agree to attached receipts.
- Confirm that all receipt numbers are sequential, with none missing.

(D)
(E)

ASB Bookkeeper

Initial
Initial
Initial
Initial

Report prepared by: _____
Signature, Title and Date

Signature of person counting the cash: _____
Signature and Date

Signature of person counting the cash: _____
Signature and Date

Verified by ASB Bookkeeper: _____
Signature, Title and Date

Club Advisor: _____
Signature and Date

Principal or designee: _____
Signature, Title and Date

Presented to ASB on: _____
Date

Supporting documentation:

(Must be included when this form is turned in)

Cash register:

- Report of ticket sales form
- Unused tickets returned

Prenumbered receipt books:

- Cash register tape
- Copy of each receipt issued

Tally Sheet:

- Copy of each receipt issued
- All receipt books returned
- All receipt books accounted for
- Completed tally sheet/sheets

Bank Deposit Form

DEPOSIT TICKET

BANK NAME
 ADDRESS
 DATE: _____

DOLLARS CENTS

CURRENCY	2784	00
COIN	348	92

SCHOOL NAME
 SCHOOL ADDRESS
 BANK ACCOUNT NUMBER

1.	18	50
2.	34	00
3.	57	02
4.	91	45
5.	35.	84
6.	85	44
7.	18	33
8.		
9.		
10.		

SUBTOTAL (CHECKS)	340	58
TOTAL DEPOSIT	3473	50

TAPE TOTALING ALL RECEIPTS

1,547.33 +
1,052.10 +
874.07 +
3,473.50 +

TAPE TOTALING DEPOSIT

2,784.00 +
348.92 +
340.58 +
3,473.50 +

TAPE TOTALING CHECKS

18.50 +
34.00 +
57.02 +
35.84 +
91.45 +
85.44 +
18.33 +
340.58 +

