



**Gustine Unified School District
Gustine High School
ASB Potential Revenue-Income Statement**

Completing this form is an audit requirement. This form must be completed for each fundraiser and turned in to the ASB mailbox at the end of the fundraiser. This form will show the profit or loss of this fundraiser and be helpful in determining if your club chooses to hold it again in the future.

General Information:

Club Name _____

Specific Fundraising Event: _____

Date(s) of Event: _____

Revenue

A. Number of items/units to be sold _____

B. Less items unsold _____

C. Selling price per item _____

D. Anticipated revenue (A x C) \$ _____

E. Actual revenue collected \$ _____

F. Cash overage/shortage (D - E) \$ _____

G: Explanation of difference (If any) _____

Expenses-List all expenses associated with this fundraiser:

Item (s) Purchased (list P.O.#)	Amount (Exact Cost)
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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H. Total Expenses \$ _____

Actual Income for Fundraising Event

Actual Revenue Total (E)	\$ _____
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Less total Expenses (H)	\$ _____
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Profit/Loss (E - H)	\$ _____
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Advisors signature: _____