

**Bangor Area School District
Fund Raising Activity Completion Report**

Fund Raising ID # _____

Name of Organization _____

Date of Approval from the Superintendent's Office _____

Fund Raising Activity _____
(Brief Description)

Date Fund Raising Activity Completion Report Submitted _____
(Within 30 days of completion of fund raising activities)

Total income from Goods/Services Sold: A _____

Cost of Items Sold & Other Expenses (List) Use back if necessary

Vendor	Amount
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Total Cost of Items Sold & other Expenses: B _____

Net Profit (Loss) from this fundraiser (A-B) C _____

Submitted By:

Print Name

Signature

Print Name

Signature

***FUND RAISER'S ACTIVITIES ARE NOT PERMITTED WITHOUT AN
APPROVAL LETTER FROM THE SUPERINTENDENT'S OFFICE***