

**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			= _____
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Variance			= _____
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Explanation of Variance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification Signature: \_\_\_\_\_ Date: \_\_\_\_\_