



Mansfield Independent School District Fundraiser Revenue and Expense Form

Organization: _____

Fundraiser: _____

Deposits

Date	Amount	Date	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total amount deposited			\$ _____

Less Expenses

Date	Vendor	Check #	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total expenses:			\$ _____
Net Profit:			\$ _____

PTO/Booster Officer Signature Date

Director/Principal Signature Date

*Upon completion of this fundraiser, the PTO/Booster Club should complete this form and submit to the Director of Athletics/Director of Fine Arts/Campus Principal.