FORM F.2
Revised: 10/2020

NEW BEDFORD PUBLIC SCHOOLS
STUDENT ACTIVITY ACCOUNT
FUNDRAISING SUMMARY FORM

Submit this form to Finance & Operations ***within 1 week*** *of the close of the fundraising event.*

School: _____

Fundraiser Title & Date(s): _____

Requested Date of Fundraiser: _____

A. Total funds raised ..... $ _____

B. Less cost of goods sold ..... $ _____

C. Gross profit (A-B) ..... $ _____

D. Less operating expenses ..... $ _____

E. Net Profit or (Loss) (C-D) ..... $ _____

Status of remaining inventory, if applicable: _____

_____

How the net profit was/will be used? Provide detailed description(s) of amount(s):

_____

_____

_____

_____

.....

Submitted:

_____
Student Activity Account Advisor

_____
Date

Approved:

_____
Principal

_____
Date