

# Old Fort Local Schools

## STUDENT ACTIVITY RECONCILIATION

Organization \_\_\_\_\_ Activity \_\_\_\_\_

Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

	Unit price	Total price
1. Number of items purchased at	_____ @ \$ _____	\$ _____
	_____ @ \$ _____	\$ _____
	_____ @ \$ _____	\$ _____
2. Total cost of items to vendor		\$ _____
3. Total sales receipts		\$ _____
4. Net profit to be deposited (total of #3 minus total of #2)		\$ _____

\_\_\_\_\_  
Advisor Date

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Superintendent Date

\_\_\_\_\_  
Treasurer Date