

**GODBY HIGH SCHOOL  
RESALE ITEM CONTROL**

Organization: \_\_\_\_\_ Fundraiser Dates: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

Fundraiser: \_\_\_\_\_

Beginning Inventory: \_\_\_\_\_ Check #: \_\_\_\_\_

Number of Items Purchased: \_\_\_\_\_

Add # of Items Purchased: \_\_\_\_\_ Less Ending Inventory: \_\_\_\_\_

Total Consumed: \_\_\_\_\_ x Your Sale Price: \_\_\_\_\_

= Potential Receipts: \_\_\_\_\_

**Actual Bookkeeper Receipts:**

RECIPT NUMBER	AMOUNT	RECIPT NUMBER	AMOUNT	RECIPT NUMBER	AMOUNT

Potential Receipts: \_\_\_\_\_ Actual Receipts: \_\_\_\_\_ = Loss: \_\_\_\_\_

I certify that the above figures are accurate. Explain any loss and provide documentation on loss of any items or money.

\_\_\_\_\_

Sponsors Signature