	ACTIVITY FUNDS OPERATING F	REPORT	
Date:	Fundraiser:		
School:	Organization:		
Actual Sales			
Date	Receipt Number		Amount
			<u>\$</u>
Total Sales		(1) \$	
<u>Disbursements</u> Check No.	(merchandise, advertising, prizes, etc., relative to the mon Vendor Name & Items Purchased		Amount
			Amount
	Vendor Name & Items Purchased	ney-raising)	Amount
Check No.	Vendor Name & Items Purchased	ney-raising)	Amount _\$
Check No.	Vendor Name & Items Purchased	ney-raising)	Amount \$
Check No.	Vendor Name & Items Purchased	ney-raising) (2) \$ \$	Amount _\$
Check No.	Vendor Name & Items Purchased	ney-raising) (2) \$	Amount _\$

All disbursements must be made from Activity Fund checks.

Disposition of funds will be known because the collection was made for a specific purpose.

KARNES CITY ISD STUDENT ACTIVITY FUNDS OPERATING REPORT – COLLECTIONS/DEPOSITS

Student Name	1st Deposit		2nd	2nd Deposit		3rd Deposit		4rd Deposit	
	R# /Date	\$	R# /Date	\$	R# /Date	\$	R# /Date	\$	
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