Leipsic Local School District
Estimated Income Form

Name of Club/Class/Fund _____ Date _____

- This section to be completed and approved **prior** to start of sales project. REMINDER: All monies collected are to be deposited with the assistant treasurer on the day they were collected.

Income Project (Circle one): Sales Project Non-sales Income (such as dues, book fines, donations)

Description of Project _____
_____
_____

If Sales Project….. Company and Address _____
_____
_____

Sales Representative _____
Cost Range of items _____
Dates of Sales Project _____

If Dues/Fines……. Cost per student/book _____

Total Expected Income _____

_____ _____ _____
Advisor Signature Building Principal Signature Superintendent Signature

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- This section is to be completed **after** Income Project has been completed. Date _____

Total $ Income* _____ Total $ Deposits _____
Total $ Expenses _____
$ Profit _____

*Explain in detail any discrepancies (Outstanding items or money).

_____ _____ _____
Advisor Signature Building Principal Signature Superintendent Signature