Tangible Items Sale Log

Name of Item	Quantity of Item	Cost of Item	Total Amt Collected (Quantity X Cost)	Collected by (Name/Signature)
TOTAL				

 Date(s) of Fundraiser_____Email_____Date _____

 Club/Organization Name ______Advisor Signature ______

AT END OF EVENT, BRING FORM WITH REVENUE COLLECTED TO THE ASOC OFFICE FOR RECONCILIATION