

**Statement of Profit and Loss**  
**ARLINGTON CENTRAL SCHOOL DISTRICT**

School Name \_\_\_\_\_

Club Name \_\_\_\_\_

Activity \_\_\_\_\_ Activity Date(s) \_\_\_\_\_

Subject to NYS Sales Tax?    **Yes**    **No** (Circle One)

**Receipts ( Income )**

Date of Sale	Description of Sale Item(s) OR	<b><u>Ticket Numbers</u></b>		Total # Sold	Sale Price Per Item	Total Receipts
		From	To			
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Anticipated Receipts \$ \_\_\_\_\_

Total Actual Receipts \$ \_\_\_\_\_

**Disbursements ( Expense )**

Date	Payee	Check #	Purpose	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Anticipated Disbursements \$ \_\_\_\_\_

Total Actual Disbursements \$ \_\_\_\_\_

Total Anticipated Profit ( Loss )

ACTUAL PROFIT ( LOSS ) \$ \_\_\_\_\_

\_\_\_\_\_  
Activity Treasurer

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date