Fund-Raiser Product Sign-Out List

Group Name_____ **Team/Class:**_____ **Week:**_____

Product_____

Name	Amnt of Product	Initials		Amnt of Product Sold	Money Collected	Product Returned	Product on Hand	Additional Product Received: Amnt of Product	Additional Product Received: Date	Additional Product Received: Initials	Total Product on Hand
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
			M								
			T								
Additional Comments:			W								
			R								
			F								
		Total									
Grand Total:											