

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 _____ Club/Organization Advisor Name _____ Advisor Signature _____

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