

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT FUNDRAISING MERCHANDISE DISTRIBUTION LOG

FORM I-1

CAMPUS/ACCOUNT:	SPONSOR:	
FUNDRAISER:	DATES:	_то

	PARENT/STUDENT NAME	вох #	SIGNATURE	DATE	MERCHANDISE/ ITEMS	RETAIL VALUE	AMOUNT RECEIVED	DATE RECEIVED	BALANCE OWED	RECEIPT # / COMMENTS
1										
2										
3										
4										
5										
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