



SALES PROJECT COMPLETION

Student Activity Program _____

SAA Account Number: _____

Description of Project _____

Date of Sale: _____

PURCHASES

Vendor (s): _____

Item Description:	Quantity:	Unit Price:	Total:
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
TOTAL PURCHASE: (A)			\$ _____

RETURNS

1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
TOTAL RETURNS: (B)			\$ _____

EXPENSE FOR ITEMS PURCHASED FROM VENDORS: (A MINUS B) (C) \$ _____

