ASSOCIATED STUDENT BODY FUND
MERCHANDISE CHECK-OUT SHEET

SAMPLE

Learning and Leadership Tacoma Public Schools

SCHOOL: _____

Student/Staff Name	Student/Staff Signature	Type of Merchandise	Issue		Returned				Signature Returned	Money Turned-In
			Date	Quantity Issued	**Date**	Quantity Sold	Quantity Returned	Quantity Unaccounted		
John Doe		Candy	1/5/04	20	1/10/04	17	1	2		$ 34.00
Jane Smith		Candy	1/5/04	30	1/12/04	26	4			$ 52.00
Ron Richardson		Candy	1/5/04	40	1/15/04	32	8			$ 64.00
T O T A L				**90**		**75**	**13**	**2**		**$ 150.00**

Advisor/Teacher's Signature: _____