

Santa Monica High School
ASB Financial Office
601 Pico Blvd., Santa Monica, CA 90405

Revenue Potential Form

“Estimate” Submitted _____ “Actual” Submitted _____
Date submitted for first approval Date submitted for final approval

Organization _____
Type of Activity _____
Date of Activity _____
Description of Item Sold _____
Prepared By _____

	Estimate	Actual
(A) Number of items received per invoice	_____	_____
(B) Less give away with proper documentation	_____	_____
(C) Number sold (A – B)	_____	_____
(D) Item Price	\$ _____	\$ _____
(E) Revenue (C x D)	\$ _____	\$ _____
(F) Expenses		
(F1) _____	\$ _____	\$ _____
(F2) _____	_____	_____
(F3) _____	_____	_____
(F4) _____	_____	_____
(F5) _____	_____	_____
(F6) _____	_____	_____
(F7) _____	_____	_____
(F8) _____	_____	_____
(G) Total Expenses (add F1 to F8)	\$ _____	\$ _____
(H) Profit/Loss (E x G)	\$ _____	\$ _____

Explanation of difference and disposition: _____

