

Kelso School District ASB
Project/Fundraising Product Check-Out/In Form
Project Title: _____

Date	Student Name	Parent Perm. Form on file	Qty Product Out Student Initials	Qty Product In \$ turned in	Balance Qty Balance \$ owed	Comments/Receipt #s
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	
		<input type="checkbox"/>	Qty: _____ Initials: _____	Qty: _____ \$ in: _____	Qty: _____ \$ owed: _____	