

My Holiday Fair Daily Collection Record

Date: ____/____/____

School: _____

Sponsor: _____

Please Note: Payment is due within 2 weeks of the end of the fair.

Mail Payment to:

My Holiday Fair
1522 Main St
Anderson, IN 46016

Or

Fax Payment using our

Check/CC by fax form to:
800-640-1868

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun	Weekly Total
Sales	\$	\$	\$	\$	\$	\$	\$
Sales	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$

TOTAL SALES \$ _____