FUNDRAISER/SALES PROJECT FORM FOR STUDENT ACTIVITY

School Year 2022-2023

"SIDE A"

ORGANIZATION NAME:						
	NTACT PERSON:PHONE:					
CONTACT PERSON ADDR	RESS:					
PROPOSED FUNDRAISER	::					
COST PER ITEM? \$	PROPOSED SALE PRICE? <u>\$</u>	ESTIMATED # ORDERED:				
	DATE					
FUNDRAISER BEGINNING	DATE:					
FUNDRAISER COMPLETIC	ON DATE:					
LOCATION OF FUNDRAIS	ER:					
(FYI: IF THE FUNDRAISER IS ON S	CHOOL PROPERTY, A BUILDING USE REQUE	ST MUST ALSO BE COMPLETED ON FACILITRON.)				
ADMISSION OR ENTRY FE	EE:					
WILL STUDENTS BE PART	FICIPATING IN THE ACTIVITY? YE	S NO				
ANY PROFIT GENERATED	FROM THIS FUNDRAISER WILL E	BE USED FOR THE FOLLOWING:				
0:		D /				
	:					
Superintendent's Signature:		Date:				

Please fill out the front of this form (SIDE A) in its entirety and submit for approval. After the Superintendent signs it, we will keep a copy of this to be approved at the next Board meeting (if necessary) and send the original back to you. Upon completion of the fundraiser, you must complete the back side of this form (SIDE B) and return for final signatures. The form will then be filed in the Central Office for review by the auditors at year end.

Any questions, please call Darla Davis at 448-4930.

"SIDE B"

ONCE FUNDRAISER IS OVER, PLEASE COMPLETE "SIDE B", SIGN AND RETURN TO CENTRAL OFFICE:

ACTUAL QTY ORDERED	DESCRIPTION OF ITEM	Cost Paid Per Item	Sale Price of Item
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(If same as "estimated" on Side A, indicate same.)

SALES PROJECT BREAKDOWN

RECEIPTS: (Actual of	leposits from	project or fundraiser)		
<u>Date</u>			Amount \$	
			\$	
			\$ \$	
		Total Project Deposits:	\$	
EXPENSES: (Actual	expense of p	roject or fundraiser)		
<u>Date</u> <u>Purchased F</u>	rom		Amount	
			\$ \$	
			\$ \$	
			\$	
		Total Project Expense:	\$ 	
		TOTAL PROFIT:	\$ 	
Reason(s) for any disc	crepancies:			
Advisor/Sponsor	Date	Building Principal	Date	
Superintendent	Date	_		