## FUNDRAISER/SALES PROJECT FORM FOR STUDENT ACTIVITY

School Year 2024-2025

## "SIDE A"

ORGANIZATION NAME:				
CONTACT PERSON:	PHONE: _			
CONTACT PERSON ADDRES	SS:			
PROPOSED FUNDRAISER:				
COST PER ITEM? \$	PROPOSED SALE PRICE? \$	ESTIMATED # ORDERED:		
ELINIDDATSED DECININING D	AATE:			
	OATE:			
FUNDRAISER COMPLETION	I DATE:			
LOCATION OF FUNDRAISER	R:			
(FYI: IF THE FUNDRAISER IS ON SCH	OOL PROPERTY, A BUILDING USE REQUES	ST MUST ALSO BE COMPLETED ON FACILITRON.)		
ADMISSION OR ENTRY FEE	:			
WILL STUDENTS BE PARTIC	CIPATING IN THE ACTIVITY? YE	S NO		
ANY PROFIT GENERATED F	ROM THIS FUNDRAISER WILL F	BE USED FOR THE FOLLOWING:		
ANT I NOTH GENERALED I	NOW THIS I SHELLE	DE OOLD FOR THE FOLLOWING.		
Signed:		Date:		
Building Principal Signature: _		Date:		
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. Please note: any fundraisers requiring that a vendor be paid MUST have a purchase order completed prior to the end of the fundraiser. 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	deposits from	project or fundraiser)		
<u>Date</u>			Amount \$	
			\$	
			\$	
			\$ \$	
			Φ	
		Total Project Deposits:	\$	
EXPENSES: (Actual	expense of pr	oject or fundraiser)		
<u>Date</u> <u>Purchased F</u>	<u>-rom</u>		Amount	
			<u>\$</u>	
			\$ \$	
			\$	
			\$	
		Total Project Expense:	\$	
		TOTAL PROFIT:	\$	
Reason(s) for any dis	crepancies:			
Advisor/Sponsor	Date	Building Principal	Date	
Superintendent	Date	_		