



School: _____

Associated Student Body
REQUEST FOR FUNDRAISER/SALES ANALYSIS/REVENUE

FILL OUT THIS PORTION PRIOR TO YOUR FUNDRAISER

Date submitted: _____

Club or organization name: _____ Account Number: _____

Name of person completing form: _____ Email: _____

Fundraiser description: _____

Location of fundraiser: _____ Date of fundraiser: _____

Projected income: \$_____ Projected expenses: \$_____ Projected profit: \$_____

Proceeds will be used for (be specific): _____

Recorded and approved in minutes dated (attach copy): _____

Activities Director name (printed): _____

Activities Director signature: _____

Principal's signature: _____

FILL OUT THIS PORTION AFTER YOUR FUNDRAISER

Total number of items for sale at start of sale: _____ At end of sale: _____

Total amount of money for deposit from the sale (minus "start" money): \$_____ (A)

Total cost to purchase items (include tax, shipping, etc.):* \$_____ (B)

Gross profit ("A" minus "B"): \$_____ (C)

List any other expenses (other than those listed in "B") for your fundraiser (supplies, custodian charges, etc.):* \$_____ (D)

Net profit ("C" minus "D") \$_____ (E)

Explain any irregularities with your fundraiser below such as items damaged, lost, etc., or attach an explanation: _____

*Please attach receipts