

Mission Viejo High School ASB Fundraiser Revenue Potential Form

Club or Organization _____ Account # _____

Faculty Sponsor _____
(Print Name) (Signature)

Requested Date _____ to _____

Location of Activity _____

Projected Revenue Potential

Must be submitted to ASB two weeks PRIOR to the fundraiser for approval

Item to be sold _____

Quantity to be purchased _____ x Your code Price \$ _____ =
\$ _____

Quantity to be purchased _____ x Your Selling Price \$ _____ =
\$ _____

Selling price minus cost price = estimated total profit \$ _____

Date approved _____ Date appears in minutes _____

Activity Director/ASB Advisor

ASB Treasurer

Principal

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Actual Revenue

Must be completed one week after completion of fundraiser and returned to ASB

Number of individual units received	
Less amount given away	
Less amount verified on hand	
Amount sold	
Unit selling price	
Revenue potential A x B	
Actual money received	
Actual cost	
Actual profit	
Cash Over/Short	

- * Please return all packing slips, invoices and statements to ASB
- * Explanation of differences and disposition