

Forms

Request for Approval: Fund-Raising Event

(Name of School)

(Name of Club)

Request for Fund-Raiser Approval

Fiscal Year: _____

Date this form is completed: _____

Proposed event: _____

Description of fund-raiser: _____

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (circle one): New Event Held Previously (Years): _____

Budget Plan for Activity (Attach Description)

Other Background Information (such as other schools or clubs that have held similar events): _____

Club Representative: _____

Name, Signature and Date

Club Advisor: _____

Name, Signature and Date

Student Council Recommendation (circle one) Yes No

Student Council Representative: _____

Signature, Title and Date

Site Administrator or Designee Recommendation (circle one) Yes No

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Presented to District Office on: _____
Signature, Title and Date

Reason for disapproval, if applicable: _____

Request for Approval: Fund-Raising Event

(Name of School)

(Name of Club)

Request for Fund-Raiser Approval

Fiscal Year: _____

Note: To be approved, applications must be submitted at least four (4) weeks prior to requested date.

Applications must be approved by principal/site administrator prior to the activity/ fund-raiser.

Date form submitted: _____

Name of Club/Organization(s): _____

PROPOSED ACTIVITY:

Name of activity or type of fund-raiser: _____

Location of activity: _____

Facilities needed: _____

Items to be sold: _____

Date of activity: _____

First choice: _____ Alternate date: _____

Time of activity: From _____ a.m./p.m. To: _____ a.m./p.m.

Ticket selling price: \$ _____

Cash box/Tickets required? Yes or No

Number of items purchased for sale: _____ @ \$ _____ each = \$ _____

ASB purchase order required? Yes or No

How much income is anticipated? \$ _____ How much expense is anticipated? \$ _____

How will profit be used? _____

Note: Revenue analysis is due two weeks after close of activity/fund-raiser.

Club Representative: _____
Name, Signature and Date

Club Advisor: _____
Name, Signature and Date

Student council recommendation (circle one) Yes No

Student council representative: _____
Name, Signature and Date

Site Administrator or Designee Recommendation (circle one) Yes No

Site administrator or designee: _____
Name, Signature and Date

Presented to ASB on: _____
Signature, Title and Date

Presented to district office on: _____
Signature, Title and Date

Date approved for/recorded on master calendar: _____

Disapproved/reason for disapproval: _____

Fund-Raising Budget versus Actual Statement

(Name of School)

(Name of Club)

Fund-Raising Budget versus Actual Statement

Fiscal Year: _____

EXPECTED REVENUE:	BUDGET	ACTUAL	DIFFERENCE
Sales quantity x Sales price	\$	\$	\$
OTHER REVENUE:			
Donations, Sales of ads, etc.	\$	\$	\$
TOTAL REVENUE (A)	\$	\$	\$
EXPENSES:			
Product quantity x Cost (per invoice)	\$	\$	\$
OTHER EXPENSES:			
Freight	\$	\$	\$
Advertising	\$	\$	\$
Other	\$	\$	\$
TOTAL EXPENSES (B)	\$	\$	\$
OTHER: (C)			
Items Donated or Given as Prizes – Quantity x Cost	\$	\$	\$
TOTAL PROFIT (A-B-C)	\$	\$	\$

Report prepared by: _____

Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Part II: Expenses

Expenses	Estimated Cost of Sales			Actual Cost of Sales			Difference	
	Number	Unit Price	Total (# x price)	Number	Unit Price	Total (# x price)	Units	Dollars
Cost of Items Sold								
Other Expenses								
Supplies								
Advertising								
Custodial Overtime								
Fees								
(describe)								
(describe)								
Total Expenses								

Part III: Net Profit for this Activity _____

Net profit is the difference between total revenues and total expenses.

Report prepared by: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Site Administrator or Designee _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Memorial Fund/Scholarship Fund

(Name of School)

(Name of Club)

Memorial Fund/Scholarship Fund General Information Sheet

Fiscal Year: _____

Memorial / Scholarship Name: _____

School Site: _____

Year Established: _____ Initial Amount: _____

Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Bank Account for Funds: _____

Intended Purpose: _____

Selection Committee:

Selection Criteria: *(attach application and instructions, if applicable)*

Annual Award: _____

Special Instructions: _____

Received at: _____

Form prepared by: _____

Signature, Title and Date

Site Administrator or Designee: _____

Signature, Title and Date

Presented to ASB on: _____

Signature, Title and Date

Business Office Approval: _____

Signature, Title and Date

Revenue Projection

(Name of School)

(Name of Club)

Revenue Projection

Fiscal Year: _____

Fund-raiser: _____ Date of Fund-raiser: _____

SALES PROJECTION AND SUMMARY		Item #1	Item #2	Item #3	Item #4
Pre-Event Information					
1	Description of items sold				
2	Number of individual units received				
3	Less items given away (attach documentation)				
4	Less items lost/stolen (attach documentation)				
5	Potential items for sale (line 2-3-4)				
6	Sale price per individual item	\$	\$	\$	\$
7	Total revenue potential (line 5 x 6)	\$	\$	\$	\$
Post-Event Information					
8	Unsold items on hand (attach count)				
9	Calculated revenue from sales (line 8 x 6)	\$	\$	\$	\$
10	Actual proceeds from sales (see below)	\$	\$	\$	\$
11	Cash shortage or overage	\$	\$	\$	\$

	Proceeds From Sales	Item #1	Item #2	Item #3	Item #4	Total \$
1	Gross cash count	\$	\$	\$	\$	\$
2	Less change fund	\$	\$	\$	\$	\$
3	Proceeds from sales (line 1-2)	\$	\$	\$	\$	\$

Explanation of differences in cash counts/proceeds: _____

Explanation of differences in projected sales: _____

Report prepared by: _____

Signature, Title and Date

Club Advisor: _____

Signature, Title and Date

Site Administrator or Designee: _____

Signature, Title and Date

Presented to ASB on: _____

Signature, Title and Date

Presented to District Office on: _____

Signature, Title and Date

Distribution:

Pre-event – Copy of form, with header and pre-event information complete, attached to activity request form.

Post-event – Original submitted to ASB bookkeeper, copy retained by club advisor.