

FUNDRAISER APPROVAL FORM

Account # Fund _____

SPCC _____

STUDENT ACTIVITY GROUP _____

PROPOSED FUNDRAISER _____

DETAILS OF FUNDRAISER (PRICE OF ITEMS SOLD, ETC.) _____

PROPOSED DATE (S) FOR SALES _____

LOCATION OF PROJECT _____

VENDOR _____

ADDRESS _____

SALES REP. & PHONE NUMBER _____

I HAVE REVIEWED BOARD POLICY 5830 AND 6610 AND THE TREASURER'S PROCEDURE MANUAL, AND AGREE TO ABIDE BY SUCH GUIDELINES:

SPONSOR / ADVISOR

DATE

APPROVED BY:

BUILDING PRINCIPAL

DATE

SUPERINTENDENT

DATE

TREASURER

DATE

BOARD APPROVAL DATE

COMPLETION OF FUNDRAISER

Account # Fund _____

SPCC _____

Item Description	Quantity Ordered	Selling Price	Gross Sales
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total Gross Sales			\$ _____
Less Returns			
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total Returns			\$ _____
Net Sales (Gross Sales – Returns)			\$ _____

Deposits Made

Date	Amount	Date	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Deposits		\$ _____	

COMPLETION OF FUNDRAISER (CONTINUED)

Account # Fund _____

SPCC _____

Items/money not accounted for (Please explain):

Did you have any items damaged or stolen? _____

Has all money been deposited for this fundraiser? _____

Were there any problems that occurred during the fundraiser and how were they resolved? _____

TOTAL COLLECTIONS / DEPOSITS \$ _____

ACTUAL EXPENSES \$ _____

PROFIT OR LOSS \$ _____

SPONSOR / ADVISOR DATE

BUILDING PRINCIPAL DATE

SUPERINTENDENT DATE

TREASURER DATE