

# CAMPBELL CITY SCHOOLS - REQUEST FOR FUND RAISING PROJECT

DATE: \_\_\_\_\_ NAME OF ORGANIZATION: \_\_\_\_\_

DESCRIPTION OF PRODUCT(S) TO BE SOLD: \_\_\_\_\_

COMPANY NAME & ADDRESS: \_\_\_\_\_

DATE OF SALE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

QTY. TO BE ORDERED: \_\_\_\_\_ SALE PRICE PER ITEM: \$ \_\_\_\_\_ COST PER ITEM: \$ \_\_\_\_\_

REQUESTED BY:

\_\_\_\_\_ (Sponsor's Signature) \_\_\_\_\_ (Date)

APPROVED BY:

\_\_\_\_\_ (Principal's Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Superintendent's Signature) \_\_\_\_\_ (Date)

**THIS SECTION TO BE COMPLETED WHEN PROFIT IS COMPLETED – SEE TREASURER**

		UNIT PRICE	TOTAL COST
Purchases:	_____ @	\$ _____	\$ _____
	_____ @	\$ _____	\$ _____
	_____ @	\$ _____	\$ _____
Less Returns:	_____ @	\$ _____	\$ _____
Total to be Accounted for:	_____ @	\$ _____	\$ _____
Total Sales:	_____ @	\$ _____	\$ _____
Profit	_____ @	\$ _____	\$ _____

TOTAL DEPOSITED WITH TREASURER: \$ \_\_\_\_\_  
(Quantity unaccounted for: Attach Explanation.)

\_\_\_\_\_ (Sponsor's Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Principal's Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Superintendent's Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (S.A. Clerk's Signature) \_\_\_\_\_ (Date)

\*\*\*Submit Four (4) Copies: Superintendent, Principal, Sponsor, Treasurer\*\*\*