

**LA VEGA INDEPENDENT SCHOOL DISTRICT
ACTIVITY FUND
FUND RAISING APPROVAL AND FINANCIAL RECAP**

To be completed, submitted and receive approval before fundraising begins.

School _____ Club: _____ G/L Acct # _____

Beginning Sale Date: _____ Ending Sale Date: _____

Will door-to-door solicitations be involved? _____

Who did the selling? _____

For what purpose(s) will the proceeds be used? _____

Description of the product(s) to be sold: _____

Price(s) to be charged per item: \$ _____ Cost per item: \$ _____

Vendor Name: _____ Vendor Phone: _____

Vendor Address: _____

Representative: _____

Check if this is a tax-free sales day:

This is the 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ Money raising activity this year for this organization or club
(If more than one item has been sold, list the financial information for each on a separate sheet.)

Sponsor Certification:

I hereby request permission to conduct a fund raising activity, and I will be responsible for the preparation of the **FINANCIAL RECAP** shown above. I will be responsible for the accounting of all monies collected at the conclusion of the fund raising activity, and I will turn in all records to the principal or campus secretary in accordance with the District's cash handling procedures.

Sponsor: _____ Date: _____

Signature

() Approved _____ Date: _____

Principal

() Disapproved

Deputy Superintendent for Finance Date: _____

Note: Fundraisers may not begin until sponsor has received approval from the Principal and Deputy Superintendent for Finance.

**LA VEGA INDEPENDENT SCHOOL DISTRICT
ACTIVITY FUND
FUND RAISING FINANCIAL RECAP**

To be completed at conclusion of fundraising project

School _____ Club: _____

Name of Fundraising Project _____

TOTAL EXPENSES OF THE FUNDRAISING ACTIVITY:

INVENTORY & Expenses

Total Expenses	_____
Total number of items to be sold:	_____
Actual number of items sold:	_____
Number of items returned to vendor:	_____
Number of items retained (attach explanation):	_____
Number of items unaccounted for (attach explanation):	_____

ACTUAL INCOME (Product Sales and Sale of Services):

Actual number of items sold or serviced:	_____
Price per item:	_____
Actual Sales:	_____
Less: Total Cash Receipts (Deposits):	_____
Cash Difference (attach explanation):	_____

PROFIT:

Total Cash Receipts (Deposits):	\$ _____
Less: Total Expenses:	_____
Profit:	\$ _____

Sponsor Certification:

I hereby attest that the above **FINANCIAL RECAP** is accurate and all records have been turned in to the principal or campus secretary in accordance with the District's cash handling procedures.

Sponsor: _____ Date: _____

Signature

() Approved _____ Date: _____

Principal

() Disapproved

Deputy Superintendent for Finance Date: _____