

FUNDRAISER PROJECT FORM

***Complete Section 1 and submit to the Treasurer's Office. A signed copy will be returned to you when the activity is approved to proceed. Complete Section 2 after activity is complete.

SECTION 1

Activity Fund Name: _____ School Year 20____-20_____

Fundraiser Project: _____ Project Dates: _____

Description of Fundraiser Project: _____

Vendor Name: _____

Proposed Revenue: \$ _____

Advisor: _____

Proposed Expenses: \$ _____

Administrator: _____

Proposed Profit: \$ _____

Treasurer/CFO: _____

CFO Approval Date: _____

SECTION 2

Actual Receipts and Expenditures Related to this Fundraiser Project

Total Receipts: \$ _____

Total Expenses: \$ _____

Net Profit: \$ _____
(Receipts - Expenses)

Items donated or inventoried: _____

Misc. Comments: _____

I certify that this fundraiser is complete and all receipts have been deposited with the Treasurer's Office.

Advisor's Signature _____ Date _____