

STARK COUNTY ESC  
FUND RAISER REQUEST FORM

Date of Request \_\_\_\_\_ Account Number \_\_\_\_\_

Activity Group Name \_\_\_\_\_

Proposed use of money earned \_\_\_\_\_

Does this fit into your statement of purpose? Y or N \_\_\_\_\_

Instructor/Advisor Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

FUND RAISER PROJECT

Products/services being sold \_\_\_\_\_

Vendor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Where are products/service going to be sold? \_\_\_\_\_

Date sale begins \_\_\_\_\_ Date sale ends \_\_\_\_\_

Quantity to be ordered (a) \_\_\_\_\_ Purchase price per unit [-] (b) \_\_\_\_\_

Total cost (a x b ) \_\_\_\_\_

Quantity to be sold (a) \_\_\_\_\_ Proposed sales price per unit (b) \_\_\_\_\_

Total estimated sales revenue (a x b ) \_\_\_\_\_

ESTIMATED PROJECT PROFIT

Estimated sales revenue \$ \_\_\_\_\_

Less estimated expenses \$ \_\_\_\_\_

Estimated profit \$ \_\_\_\_\_

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ADMINISTRATIVE APPROVAL

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/or designee

\_\_\_\_\_  
Date

Purchase order number(s) \_\_\_\_\_