



# Ross Local School District

## Fundraiser Request Form

Today's Date

Organization

Sponsor(s)

School

Description of activity/event

Start Date

End Date

### Expenses and Profit

	Estimated	Actual
Selling Price Per Item		
Total Cost of Goods/Services		
Qty. of Items To Be Sold		
Total Revenue		
Profit or Loss		

Requested By:

Approved By:

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Date