

Account Number (Fund/SCC): _____

FUNDRAISING FORM

Organization _____

Proposed Project _____ Dates _____

Company and Address _____

Company Representative _____

Quantity to be ordered _____

Organization cost/unit _____

Proposed sale price/unit _____

Total anticipated revenue _____

(quantity ordered X sales price)

Requested by: _____

Approved by: _____

Sponsor signature _____

Principal signature _____

Date _____

Date _____

Treasurer signature _____ Date _____

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This section to be completed when the project is completed

Deposits made (date range): _____

Purchases (quantity ordered)		Proposed Unit Selling Price		Total Revenue
_____	X	\$ _____	=	\$ _____

Less returns:	X	\$ _____	=	\$ _____
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Total accounted for:		\$ _____	=	\$ _____
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Total amount deposited with treasurer \$ _____

Quantity unaccounted for: _____ \$ _____
(explanation for unaccounted quantity on reverse side)

Sponsor signature

Principal signature

Date _____

Date _____

Treasurer Signature _____ Date _____