

Step 1

STUDENT ACTIVITY SALES PROJECT POTENTIAL

SCHOOL YEAR

Estimate

98 / 99

ACTIVITY FUND NAME: _____

PROPOSED SALES PROJECT: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

QUANTITY TO BE ORDERED: _____ PROPOSED REVENUE: _____

COST PER UNIT: _____ PROPOSED EXPENSES: _____

PROPOSED SALE PRICE PER UNIT: _____ PROPOSED PROFIT: _____

ACTIVITY ADVISOR: _____ DATE: _____

BUILDING PRINCIPAL _____ DATE: _____

THIS SECTION TO BE COMPLETED WHEN PROJECT IS COMPLETE

Step 2

Actual

		<u>UNIT PRICE</u>		<u>TOTAL COST</u>
NO. UNITS				
PURCHASED:	_____	@	_____	= _____
	_____	@	_____	= _____
	_____	@	_____	= _____
LESS				
RETURNS:	_____	@	_____	= _____
TOTAL SALES TO BE				
ACCOUNTED FOR:	_____	@	_____	= _____

TOTAL RECEIPTS DEPOSITED WITH BUILDING SECRETARY: \$ _____

TOTAL EXPENSE FOR PROJECT: \$ _____

UNITS UNACCOUNTED
FOR: _____ @ _____ = _____
(Explain on reverse side)

NET PROFIT/LOSS FOR PROJECT \$ _____

ADVISOR'S SIGNATURE: _____ DATE: _____

BUILDING PRINCIPAL: _____ DATE: _____

NOTE: WHEN PROJECT IS COMPLETE, BUILDING SECRETARY WILL FORWARD ORIGINAL COPY TO TREASURER'S OFFICE, AND RETAIN A COPY FOR ACTIVITY ADVISOR AND PRINCIPAL

STUDENT ACTIVITY FUND REMITTANCE SLIP

Date _____
Account Number _____
Fund Name _____
Depositor/Advisor _____
Fund Raiser Project _____

=====

AMOUNT

Currency _____
Coins _____
Checks _____

DEPOSIT TOTAL \$ _____ Received BY _____

***KEEP A COPY FOR YOUR RECORDS

***ALL \$ SHOULD BE DEPOSITED WITH BUILDING SECRETARY THE DAY IN
WHICH IT IS RECEIVED!!!!

STUDENT ACTIVITY FUND REMITTANCE SLIP

Date _____
Account Number _____
Fund Name _____
Depositor/Advisor _____
Fund Raiser Project _____

=====

AMOUNT

Currency _____
Coins _____
Checks _____

DEPOSIT TOTAL \$ _____ Received BY _____

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***ALL \$ SHOULD BE DEPOSITED WITH BUILDING SECRETARY THE DAY IN
WHICH IT IS RECEIVED!!!!

STUDENT ACTIVITY FUND BUDGET FORM AND PURPOSE STATEMENT

ACTIVITY FUND NAME: _____ SCHOOL YEAR: _____

ADVISOR: _____

PURPOSE OF ACTIVITY: _____
(BE SPECIFIC)

Beginning Fund Balance: _____ \$ _____

REVENUE SECTION:

(List proposed sources of Revenue and Fund Raisers with the approximate date of occurrence)

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SUB-TOTAL REVENUE \$ _____

EXPENDITURE SECTION:

(List proposed areas of Expenses and Fund Raiser Costs)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SUB-TOTAL EXPENSES \$ _____

NET PROFIT / LOSS \$ _____

ENDING FUND BALANCE: \$ _____

Advisor's Signature _____

Date: _____

Co-Curr. Director Signature _____

Date: _____

Building Principal Signature _____

Date: _____

Superintendent's Signature _____

Date: _____

NOTE: Return Original Copy to Treasurer's Office & retain a copy for Building Principal's, & Advisor's.