



Fundraising/Activity Form

ASB
 ASB Charitable
 General Fund

A. Proposal: Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser)

School: _____			Group Name: _____			Account #: _____		
Proposed Fundraising Activity: _____								
Intended Use of Proceeds: _____								
Estimated Revenues:\$ _____			Estimated _____					
Expenses: \$ Estimated Revenues-Estimated Expenses=Estimated Profit: _____								
Will the fundraiser be held for the benefit of an organization outside the district?						Yes <input type="checkbox"/>		No <input type="checkbox"/>
If yes , please attach a copy of the name, address and phone number of the organization.								
Dates of the Fundraiser:			Start: _____			End: _____		
Team/Club Leader (student): _____			ASB Bookkeeper (staff): _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					
Coach/Club Advisor (staff): _____			Principal's Pre-Approval : _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					
Student Leadership(student): _____			Activity Coordinator: _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					

B. Steps Following Approval: Request must be approved BEFORE event can take place.

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a Contract with vendor after obtaining Purchase Order approval.
3. Request a cash-box from the ASB Bookkeeper *(if needed)*.
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from ASB Bookkeeper *(all forms must accompany money)*.
6. Turn all money **INTACT** into ASB Bookkeeper for deposit. **Do not take expenses from money collected.**

C. Accounting Summary of Fundraiser (Reconciliation)

1.	Estimated Revenue <i>(from section A above)</i> :	\$
2.	Total Actual Revenue Received (amount you should have collected based on actual sales)	\$	_____
3.	Total Cost of Goods Sold <i>(your cost for items sold)</i>	\$	_____
4.	Other Expenses <i>(decorations, supplies, etc.)</i>	\$	_____
5.	Total Expenditures	\$	_____
			<i>(line 3 plus line 4)</i>
6.	Net Profit <i>(loss)</i>	\$	_____
			<i>(line 2 less line 5)</i>

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:

Team/Club Leader (student): _____	ASB Bookkeeper (staff): _____
<i>(Signature & Date)</i>	<i>(Signature & Date)</i>
Coach/Club Advisor (staff): _____	Principal: _____
<i>(Signature & Date)</i>	<i>(Signature & Date)</i>
Activity Coordinator: _____	
<i>(Signature & Date)</i>	

Once Completed: Copies to the following: ASB Bookkeeper and ASB group/activity