



Simi Valley High School ASB

5400 Cochran St ▪ Simi Valley, California ▪ 805-577-1400 x6739

Request for Fundraising Activities

Date Submitted: _____

Provide a brief description of your proposed fundraiser: _____

Teacher in Charge of Fundraiser : _____

Student lead for fundraiser: _____

Email: _____ Contact #: _____

Purpose of Fundraiser: _____

Dates of Proposed Activity: _____ Start Time: _____

Location of Proposed Activity (address): _____

Approximate number of Students involved: _____

Approximate number of Supervisors provided: _____

Funds will be deposited to account name and number: _____

We understand this activity is not approved until the Leadership class signs off on this fundraiser. We understand funds will be removed from the group and put into the general ASB account. We understand we must complete the revenue potential form as budgeted; when the fundraiser is over the Actual and Difference must be completed.

Supervisor Signature: _____

Club President Signature (student): _____

Approved by:

Date:

ASB President

Approved by:

Date:

Principal's Designee



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Revenue Potential Form

Advisor: _____ Fiscal Year: _____

Event: _____ Event Date: _____

Expected Revenue	Budget	Actual	Difference
Sales quantity x Sales price			
Other revenue			
Donations, sales of ads, etc.			
Total Revenue (A)			
Expenses:			
Product quantity x cost (per invoice)			
Other Expenses:			
Freight			
Advertising			
Other			
Total Expenses (B)			
Other (C)			
Items Donated or Given as Prizes- Quantity x Cost			
Total Profit (A-B-C)			