

T.U.S.D. ASSOCIATED STUDENT BODY

Associated Student Body Fundraising/Activity Form

Complete Sections 1 through 3 prior to approval

Fundraiser or Activity (Circle One)

Section 1: General Information

Name of Activity/Event: _____

Club/Team Requesting Funds: _____

Date Submitted: _____

Contact Person _____

Phone Number: _____

Activity Start Date: _____

Activity End Date: _____

Describe Fundraiser or Activity (Briefly Explain): _____

Location of Activity: _____

Time: _____

Team/Club Student Signature _____

Coach/Club Advisor Signature _____

Section 2: Expenses

Vendor	Description of use (Example: Food Expenses)	Proposed	P.O. If Needed

Section 3: Revenue Projection

Income: _____		=	
Projected Amount Sold	@ \$ Selling Price		Projected Revenue
Expenses: _____		=	
Total Expenses	@ \$ Purchase Price		Total Expense
		\$	
			Total Profit

Subtract total expense from projected revenue for total profit

Section 4: Approval (Office Use Only)

Are funds available to cover expenses? Yes No _____
Bookkeeper's Signature Date

- Your request has been approved.
- Your request has been denied. See the Director of Activities.

ASB Treasurer's Signature Date

Director of Student Activities or Asst. Principal Date

Principal Signature Date

Section 5: Office use only

Purchase Order Number: # _____ Date Issued: _____

Check # _____ Date Issued: _____

Special Instructions: _____

Distribution: **White: Bookkeeper** **Yellow: Club/Team Advisor** **Pink: Activities Director**