



LATHROP HIGH SCHOOL
ASB Activity Request Form

ACTIVITY CANNOT BEGIN WITHOUT PRIOR APPROVAL!

Club/Organization _____ Date _____

Type of Fundraiser/Activity _____

Briefly Explain (who & what) _____

Date(s) of Activity _____

Location of Activity _____ Facility Use Approval Y N

Cash Box Needed? Y N (date & time) _____ Denominations Email Sent? Y N

Purchase Requisition Completed?

Estimated TOTAL Expenses _____

Estimated TOTAL Income _____

Date Approved in Club Minutes

Contact Person _____ Phone # _____

Expenses: Vendor 1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____

Organization/Advisor's Signature/Date

Student's Authorization Signature/Date

Activities Director Signature/Date

Admin Signature/Date

- Your activity/fundraiser has been approved
- There are some conflicts with date/activity. See the Student Activities Director.

*** You must prepare a Facilities Use, Field Trip, Maintenance and Cafeteria Requests, Tally Sheet and any other documentation relating to your activity. There is to be no blank spaces, write n/a if Not Applicable**

Once the following area is completed, return the *white* copy to the account clerk.

N/A

Date sale started: _____ Date of completion: _____

Monies submitted:

Date: _____	Receipt # _____	Amount \$ _____
Date: _____	Receipt # _____	Amount \$ _____
Date: _____	Receipt # _____	Amount \$ _____

Total \$ _____
Less Amount Paid to Vendor \$ (_____)
Less inventory on hand _____ @ _____ \$ (_____)
Less inventory/monies not turned in \$ (_____)

1. _____
2. _____
3. _____
Purchase Order #s

Profit/Loss \$ _____

Distribution: Club Advisor; Activities Director; Final copy to Account Clerk **after** Activity/deposits are completed