

FUND-RAISER PACKET

For ASB

Includes:

Fund-raiser Request
Meeting Minutes Form (2 pages)
Meeting Attendance Form
Purchase Requisition
Participation Log
Revenue and Expense Worksheet
Revenue and Expense Statement



San Juan
Unified School District

Request for Fundraiser Approval

Fiscal Year: _____

Name of School: _____

Note: This form must be approved prior to the event date.

Date this form was completed: _____

Proposed event: _____

Description of fundraiser: _____

Requesting Club/Organization: _____

Proposed Date of Event: _____

Contact Person: _____

Responsible Person for deposit: _____

Location of Proposed Activity: _____

Budget Plan (optional)

Other Information: _____

Club Representative: _____

(Middle and High School only)	Printed Name	Signature	Date
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Club/Teacher Advisor: _____

(Middle and High School only)	Printed Name	Signature	Date
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Food Service approval: _____

(only if selling food)	Printed Name	Signature	Date
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Student Council Representative: _____

(Middle and High School only)	Printed Name	Signature	Date
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Principal: _____

Printed Name	Signature	Date
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Received by Controller: _____

(High School only)	Printed Name	Signature	Date
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Reason for denial (if applicable): _____

MESA VERDE HIGH SCHOOL
Associated Student Body

MEETING MINUTES:

Group _____

Location: _____

Date: _____

Attendance:

Officers- _____ / _____ / _____

Members # _____

Advisors: _____

Guests # _____

(place names of members and guests in attendance on the attached sheet)

PREVIOUS MINUTES (presented/not presented) **(Circle one)**

Motion: _____ (Read and approved or corrected and approved)

Made by: _____ **Seconded by:** _____ **Vote:** ____ / ____

FINANCIAL REPORT (presented/ not presented) **(Circle one)**

Motion: _____ (Read and approved or corrected and approved)

Made by: _____ **Seconded by:** _____ **Vote:** ____ / ____

OLD BUSINESS:

(unfinished from previous meetings)

1. _____

Motion: _____

Made by: _____ **Seconded by:** _____ **Vote:** ____ / ____

2. _____

Motion: _____

Made by: _____ **Seconded by:** _____ **Vote:** ____ / ____

3. _____

Motion: _____

Made by: _____ **Seconded by:** _____ **Vote:** ____ / ____

NEW BUSINESS:*(For purchases: Notes MUST include Vendor, item, purpose, & prices)*

1. _____

Motion: _____ Made by: _____
Seconded by: _____ Vote: ____/____

2. _____

Motion: _____
Made by: _____ Seconded by: _____ Vote: ____/____

3. _____

Motion: _____
Made by: _____ Seconded by: _____ Vote: ____/____

4. _____

Motion: _____
Made by: _____ Seconded by: _____ Vote: ____/____

5. _____

Motion: _____
Made by: _____ Seconded by: _____ Vote: ____/____

6. _____

Motion: _____
Made by: _____ Seconded by: _____ Vote: ____/____

(Attach additional sheets if necessary)

MOTION TO ADJOURN by: _____ Seconded by: _____

Vote: ____/____ Meeting adjourned at: _____

MINUTES SUBMITTED by: _____

Date: _____

COPY of Minutes to: Group involved & Finance Office:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

Continue on back if necessary



**HIGH SCHOOL
STUDENT BODY REQUISITION**
San Juan Unified School District

Batch #	Pay Vchr #	Vendor
P.O. #	Account	

VENDORS ARE NOT TO ACCEPT THIS AS AN OFFICIAL PURCHASE ORDER

☐ Purchase Order ☐ Transfer ☐ Request for Check ☐ Petty Cash

Account No. _____

Date of Request _____

Charge To: _____

Date of Event _____

Requested By: _____

Purpose of Event _____

(please print)

Vendor/Payee _____

Address _____

For Informational Purposes Only

*Included in Budget ☐ YES ☐ NO

If the answer is no:

*Date Approved in Minutes _____

QUANTITY	DESCRIPTION	UNIT PRICE	ESTIMATE	ACTUAL

SUB-TOTAL

SALES TAX

SHIPPING

TOTAL

Signature of Authorized Student

Signature of Faculty Advisor or Athletic Director

Signature of Principal or Authorized Administrator

Petty Cash Received By:

(signature)

Advisor

Week of

[illegible]

Revenue and Expense Worksheet

Class/Club _____ Fund-raiser Item _____

Purchase of item:

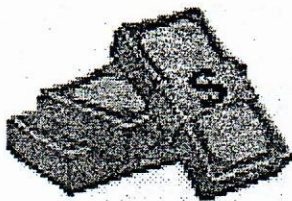
Date	Vchr#	Vendor	Description	Quantity	\$Amount

TOTAL \$ _____

Deposits from sales:

Date	Whiz#	Rec.#'s (to - from)	Received from	\$Amount

TOTAL \$ _____



Remaining item dollar amount \$ _____

Total Deposits \$ _____

Subtract Total Purchase \$- _____

Subtract Total Item Remaining Amount \$- _____

TOTAL (Gain/Loss) \$ _____
(Circle one)

Prepared by: _____

Date _____

Revenue and Expense Statement



Class/Club _____

Fundraiser Item _____

Total Dollar amount of Sales \$ _____

Cost of sale item \$ _____

Cost of additional purchases \$ _____

Cost of any misc. expenditures \$ _____

Cost Total \$ _____

Subtract cost total from sales total \$- _____

Total \$ _____

Subtract
Dollar amount of remaining items \$- _____

TOTAL (Profit/Loss) \$ _____

Comments: _____

Class/Club Advisor: _____

Signature

Treasurer: _____

Signature

Date: _____