



SNOQUALMIE VALLEY

SCHOOL DISTRICT

FUNDRAISING ACTIVITY FORM

ASB ASB Charitable General Fund

A. Request for 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, please attach a copy of the name, address, and phone number of organization.</i>					
Date of the Fundraiser: Start: _____		End: _____			
Team/Club Leader (Student): _____		ASB Bookkeeper (Staff): _____			
<small>(Signature & Date)</small>		<small>(Signature & Date)</small>			
Coach/Club Advisor (Staff): _____		Principal's Pre-Approval: _____			
<small>(Signature & Date)</small>		<small>(Signature & Date)</small>			
Student Leadership (Student): _____		Activity/Athletic Coordinator: _____			
<small>(Signature & Date)</small>		<small>(Signature & Date)</small>			

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

1. Send Copy of "Pre-Approval of Fundraiser" to District Accountant via District Mail or Email.
2. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
3. If needed, complete a Contract with Vendor before requesting a Purchase Order.
4. Request a cash-box from the ASB Bookkeeper (*if needed*).
5. Conduct fundraiser, monitoring all cash goods. Inventory should be kept for goods being sold.
6. Obtain appropriate record keeping forms from ASB Bookkeeper (*all forms must accompany money*).
7. Turn all money **INTACT** into ASB Bookkeeper for deposit. **Do not take expenses from money collected.**

C. Accounting Summary of Fundraiser

1. Anticipated Revenue (<i>amount you should have collected based on actual sales</i>):	\$ _____
2. Total Actual Revenue Received:	\$ _____
3. Total Cost of Goods Sold (<i>your cost for items sold</i>):	\$ _____
4. Other Expenses (decorations, supplies, etc.):	\$ _____
5. Total Expenditures (<i>line 3 plus line 4</i>):	\$ _____
6. Net Profit (<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): _____
<small>(Signature & Date)</small>	<small>(Signature & Date)</small>
Coach/Club Advisor (Staff): _____	Principal's Pre-Approval: _____
<small>(Signature & Date)</small>	<small>(Signature & Date)</small>
Activity/Athletic Coordinator: _____	
<small>(Signature & Date)</small>	

SNOQUALMIE VALLEY SCHOOL DISTRICT

8001 Silva Avenue S.E. | P.O. Box 400 | Snoqualmie, WA 98065 | (425) 831-8000 | www.svsd410.org

FUNDRAISER RECONCILIATION

Name of Fundraiser: _____

Inventory

Item(s)	Quantity	# Sold	Sold for \$	# on hand	Storage Location
Totals					

Accounting Summary of Fundraiser

1. Total Actual Revenue Received (include InTouch report): \$ _____
2. Total Expenses (decorations, supplies, etc.)(Include receipts): \$ _____
3. Donations: \$ _____
4. Fines: \$ _____
5. Net Profit (loss): \$ _____

****Attach WesPAC Reports for Yearbook****

Final Approval of Reconciliation:

I hereby certify that the above information is complete and accurate.

Team/Club Leader (student): _____
Print Name
Signature
Date

Coach/Club Advisor (staff): _____
Print Name
Signature
Date

AD/Activity Coordinator: _____
Print Name
Signature
Date

Administration: _____
Print Name
Signature
Date

ASB Exec Board: _____
Print Name
Signature
Date

ASB Bookkeeper: _____
Print Name
Signature
Date

PLEASE KEEP A COPY OF THIS FORM AND ALL INVOICES/RECEIPTS FOR YOUR RECONCILIATION