

**Lake Stevens School District
Fundraising Form**

ASB

ASB Charitable

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?							Yes	No
If yes , please attach a copy of the name, address and phone number of the organization.								
Dates of the Fundraiser:			Start: _____			End: _____		
Team/Club Leader (student): _____			ASB Bookkeeper (staff): _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					
Coach/Club Advisor (staff): _____			Principal's Pre-Approval : _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					
Student Leadership (student): _____			Activity Coordinator: _____					
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>					

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

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a Contract with vendor after obtaining Purchase Order approval.
3. Request a cash-box from the ASB Bookkeeper *(if needed)*.
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from ASB Bookkeeper or online *(all forms must accompany money)*.
6. Turn all money **INTACT** into ASB Bookkeeper for timely 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 <i>(decorations, supplies, etc.)</i>	\$ _____	
5.	Total Expenditures	\$ _____	<i>(line 3 plus line 4)</i>
6.	Net Profit <i>(loss)</i>	\$ _____	<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): _____	
<i>(Signature & Date)</i>		<i>(Signature & Date)</i>	
Coach/Club Advisor (staff): _____		Principal: _____	
<i>(Signature & Date)</i>		<i>(Signature & Date)</i>	
Activity Coordinator: _____			
<i>(Signature & Date)</i>			

COMPLETED FORM AND RECONCILIATION DOCUMENTATION KEPT AT BUILDING LEVEL AND AVAILABLE FOR AUDIT PURPOSES
EXCEPTION: FORM AND RECONCILIATION DOCUMENTATION MUST BE SENT TO
 BUSINESS SERVICES WITH REQUESTS FOR CHARITABLE DISBURSEMENTS