



SIERRA HIGH SCHOOL
ASB Activity/Fundraiser Request
APPROVAL IS REQUIRED BEFORE ACTIVITY CAN BEGIN

Club/Organization _____ Date _____

Type of Request (circle one) **FUNDRAISER** or **ACTIVITY ONLY**

Attach Club Meeting Minutes

Type of Activity or Name of Fundraiser: _____

Brief Description _____

Begin Date: _____ End Date: _____

Location of Activity: _____ Facility Use Approval: YES or NO

Cash Box Needed: **YES** or **NO** If **yes** please complete Cash Box Request/Verification form.

Complete Requisition for any purchases necessary

Estimated TOTAL Expenses \$ _____ Estimated TOTAL Income: \$ _____

Contact Person: _____ Phone Number: _____

Club Advisor/Organization Signature - Date

Club Student Authorization Signature -Date

Activities Director Signature - Date

Admin Signature – Date

Approved

_____ Date Approved in ASB Minutes

Denied

Reason Denied _____

***** You must prepare a Facilities Use, Field Trip, Maintenance and or Cafeteria Request if applicable. All fundraisers require back up documentation, receipts, or tally sheets. Please mark N/A if not applicable.***

Below to be completed by account clerk upon completion of fundraiser

Date Sale Started: _____ Date of Completion: _____

Money Submitted

Date _____	Receipt # _____	Amount \$ _____	Total Received \$ _____
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Date _____	Receipt# _____	Amount \$ _____	Less Expenses \$ _____
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Date _____	Receipt # _____	Amount \$ _____	Profit/Loss \$ _____
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Distribution: Account Clerk, Activities Director, Club Advisor Date Entered _____ Date Closed _____