

Elgin Independent School District
FUNDRAISING/SALES ACTIVITY APPLICATION

AF-108

Fundraiser	<input type="checkbox"/>
Sale	<input type="checkbox"/>

Central Office Use Only	
Training	<u>Y / N</u>
Form	<u>Y / N</u>

Campus _____ Sponsor _____ Date _____

Club/Account Name _____ % Split _____ Last 3 digits of acct. # _____

Club/Account Name _____ % Split _____ Last 3 digits of acct. # _____

Sale Beginning Date _____ Sale Ending Date _____ or Event Date _____

Describe the purpose of the sale _____

Describe the product or activity _____

Will product be distributed to students during school hours? (check one) Yes No If No, When? _____

Vendor #1 _____ Vendor #2 _____
 Company Name Company Name

Approximate selling price per item \$ _____

Estimated total profit \$ _____

Percentage profit _____

Is this sale taxable? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you using this sale as one of your two tax-free sale days for this calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this your 1st or 2nd tax-free sale to date? _____
CALENDAR YEAR

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the campus bookkeeper/secretary. I further certify that I have read the Activity Fund Manual on the District's website and signed the Acknowledgement of Responsibilities of Faculty Sponsors of Student Groups form. I will notify the Business Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Reviewed by _____
 Sponsor Date Campus Bookkeeper/Secretary Date

Approved by _____ Approved by _____
 Principal Date Chief Financial Officer Date

Fundraiser request must reach office at least one month prior to start of activity.

FUNDRAISING/SALES ACTIVITY APPLICATION RECAP: TO BE COMPLETED BY SPONSOR

** COMPLETE REPORT DUE IN BUSINESS OFFICE WITHIN 30 DAYS OF SALE ENDING DATE/EVENT DATE **	
Total deposits \$ _____ (include copies of tabulation of money collected from students, cash receipts, ticket sales report, or inventory control)	Quantity of Inventory Received _____
Less: Total Cost of sale (invoice) \$ _____ (attach copy of invoice)	Prior Year Inventory (if any) _____
Difference \$ _____	Less: Inventory Sold _____
Tax Free Sale Date _____	Less: Giveaways**, Returns**, Lost** _____
Sponsor _____ Date _____	Inventory Remaining _____
Principal _____ Date _____	** Explanation must be attached.
	Campus Bookkeeper/Secretary _____ Date _____
	Chief Financial Officer _____ Date _____

Original: Campus **1 copy:** Sponsor **1 copy:** Business Office on approval **1 copy:** Business Office on recap

Revised 08/14/15