**POLAND LOCAL SCHOOLS**
**STUDENT FUNDRAISING ACTIVITY FORM**
**(MUST BE APPROVED BY SUPERINTENDENT)**

**Student Activity # _____**
**For Treasurer's Use Only**

**Part 1: To be approved PRIOR to fundraising activity.**

**Date: _____** **Requisition # or #'s _____** (If Applicable)

**Building: _____ Student Activity Fund_____**

**Name of Club/Organization: _____**

**Date of Fund Raising Activity: From: _____ To: _____**

**Company: _____**

**Address: _____**

**Purpose of Fund Raiser: _____**

**Describe product(s) to be sold: _____**

| PROJECTED SALES/COSTS | | | |
|---|---|---|---|
| ITEM | QUANTITY PURCHASED | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL COST | |

_____ _____
**Activity Advisor Signature Date** **Principal Approval Signature Date**

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**Part 2: _____ _____**
**Superintendent Approval Date** **PO Conversion** (Treasurer's Use Only)

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**Part 3: This form is to be completed and returned to the Treasurer within 5 days after the end of the FUND RAISING ACTIVITY.**

| AFTER FUNDRAISER | | |
|---|---|---|
| QUANTITY SOLD | SELLING PRICE | PROCEEDS |
| | | |
| | | |
| | | |
| | | |
| TOTAL PROCEEDS | | |

**Total Cost $ _____**
**Total Amount of Profit from This Activity $ _____**

**I certify that this report constitutes all funds derived from the Fund Raising Activity described above.**

_____
**Principal's Signature Date**

_____ _____
**Treasurer's Signature Date**

**Revised: 12/20/2019 (Please discard previous forms-they will be returned unapproved.)**