



Event/Fundraiser Request Form

Event # _____

This form is required for any fundraiser conducted by a student, staff member or activity group. Please complete this form and submit it to the Treasurer's office **PRIOR** to any activity associated with the fundraiser (please allow at least one week). The Treasurer's office will assign an event number, which **MUST** appear on all requisitions and deposits pertaining to this event. After approval, a copy of the form will be returned for you. At the conclusion of the event, complete Event Reconciliation Form page 2.

Fundraiser Start Date: _____ **End Date:** _____

School: _____

Club/Group: _____

Advisor: _____

Event description: _____

Proceeds donated to: _____

Price per unit to sell	x	Projected number of units to sell	= projected sales	- estimated costs	= potential profit
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Requested By:

Sponsor/Advisor Signature

Date _____

Approved By:

Principal Signature

Date _____

For Treasurer's Office Use only

Date received _____

Exec Dir of Business Services Signature

Date _____



Upper Arlington City Schools

Event/Fundraiser Reconciliation

Please complete Page 2 after the conclusion of event

Event # _____

PLEASE FILL OUT AND SUBMIT A REQUISITION ALONG WITH A DONATION LETTER IN ORDER TO DONATE THE PROCEEDS.

DEPOSITS		
PAY-IN/ RECEIPT #	DATE	AMOUNT
TOTAL RECEIPTS		\$

EXPENDITURES/DONATIONS		
PURCHASE ORDER #	VENDOR	AMOUNT
TOTAL EXPENDITURES		\$

Explanation of discrepancies (if any) between amount of total receipts and total expenditures _____

 Advisor signature Date _____

 Principal signature Date _____

For Treasurer's Office Use Only

 Assistant Treasurer signature Date