Account Number (Fund/Special Cost Center) _____

FUNDRAISER FORM
Top portion prior to fundraiser bottom portion following fundraiser

Organization:_____

Proposed Project:_____

Date(s):_____

Company and Address:_____

Company Representative:_____

Quantity to be ordered	Organization cost/unit	Proposed sale price/unit	Total Anticipated Revenue

Requested by: _____
Sponsor Signature

Date: _____

Approved by: _____
Principal Signature

Date: _____

Treasurer Signature:_____Date:_____

*****THIS PORTION TO BE COMPLETED AND SUBMITTED TO THE TREASURER'S OFFICE AT THE CONCLUSION OF THE EVENT!*****

DEPOSITS			**EXPENDITURES**		
RECEIPT NUMBER	DATE OF RECEIPT	AMOUNT	PURCHASE ORDER NUMBER	VENDOR	AMOUNT PAID

TOTAL RECEIPTS		$	TOTAL EXPENDITURES		$

(PRICE PER UNIT SOLD	X	NUMBER OF UNITS SOLD	=TOTAL SALES)	--	EXPENDITURES	**=TOTAL PROFIT**

Explanation of unsold/unaccounted for items _____

_____

Explanation of discrepancies between amount of total receipts and total sales _____

_____

_____ _____

Sponsor/Advisor Signature and Date

_____ _____

Principal Signature and Date

_____ _____

Treasurer Signature and Date