Fundraising/Activity Form

☐ **ASB** ☐ **ASB Charitable** ☐ **General Fund**

A. Proposal: Pre-Approval of Fundraiser (*at least TWO weeks prior to fundraiser)*

School: _____ Group Name: _____ Account #: _____

Proposed Fundraising Activity: _____

Intended Use of Proceeds: _____

Estimated Revenues:$ _____ Estimated _____

Expenses: $ Estimated Revenues-Estimated Expenses=Estimated Profit: _____

Will the fundraiser be held for the benefit of an organization outside the district? Yes ☐ No ☐
If ***yes***, please attach a copy of the name, address and phone number of the organization.

Dates of the Fundraiser: Start: _____ End: _____

Team/Club Leader (student): _____ ASB Bookkeeper (staff): _____
(Signature & Date) ***(Signature & Date)***

Coach/Club Advisor (staff): _____ Principal's ***Pre-Approval***: _____
(Signature & Date) ***(Signature & Date)***

Student Leadership(student): _____ Activity Coordinator: _____
(Signature & Date) ***(Signature & Date)***

B. Steps Following Approval: *Request must be approved BEFORE event can take place.*

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a Contract with vendor after obtaining Purchase Order approval.
3. Request a cash-box from the ASB Bookkeeper *(if needed)*.
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from ASB Bookkeeper *(all forms must accompany money)*.
6. Turn all money **INTACT** into ASB Bookkeeper for deposit. **Do not take expenses from money collected**.

C. Accounting Summary of Fundraiser (Reconciliation)

1. Estimated Revenue *(from section A above)*: $ ----------
2. Total Actual Revenue Received (amount you should have collected based on actual sales) $ _____
3. Total Cost of Goods Sold *(your cost for items sold)* $ _____
4. Other Expenses*(decorations, supplies, etc.)* $ _____
5. Total Expenditures $ _____
(line 3 plus line 4)
6. Net Profit *(loss)* $ _____
(line 2 less line 5)

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:

Team/Club Leader (student): _____ ASB Bookkeeper (staff): _____
(Signature & Date) ***(Signature & Date)***

Coach/Club Advisor (staff): _____ Principal: _____
(Signature & Date) ***(Signature & Date)***

Activity Coordinator: _____
(Signature & Date)

Once Completed: Copies to the following: ASB Bookkeeper and ASB group/activity