



**ACTIVITY FUND  
FUNDRAISER APPROVAL /  
ACKNOWLEDGEMENT OF RESPOSIBILITY**

**Complete this form prior the start of a fundraiser. If product to be sold is a food or beverage item(s), see Food Fundraiser Approval form. Time of the food/beverage sale must be included.**

Sponsor: \_\_\_\_\_ Club Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Beginning sale date: \_\_\_\_\_

Ending sale date: \_\_\_\_\_

What purpose(s) will the proceeds be used for: \_\_\_\_\_

Description of product being sold: \_\_\_\_\_

Vendor: \_\_\_\_\_ Representative Name: \_\_\_\_\_

This is the 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ fundraiser this year for this club.

**This is the 1st \_\_\_\_ 2nd \_\_\_\_ tax free day this calendar year for this club.**

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature for Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director of Leadership (If Necessary)

\_\_\_\_\_  
Date

As the sponsor of this fundraiser:

- I agree to conduct this fundraiser in compliance with district policies.
- I understand that I am personally responsible for all funds collected and for keeping accurate records.
- I will exercise strict control over all products in my possession.
- I will provide all money received, along with the names and amounts, to the bookkeeper for deposit daily.
- I will have all expenditures paid through the bookkeeper
- I am responsible for completing the Operating Report for this fundraiser and will turn in all records to the bookkeeper within one week of the projected end date of the fundraiser.
- I understand that failure to comply with all district policy and practices may result in disciplinary action.



**ACTIVITY FUND  
FUNDRAISER SALES REPORT**

**Complete this form at the conclusion of the fundraiser and submit to principal for review and approval.**

**INVENTORY:**

Beginning inventory	_____
Number of items sold or serviced	_____
Number of items returned to vendor	_____
Number of items unaccounted for (attach explanation)	_____
Ending inventory	=====

**SALES:**

Number of items sold or serviced	_____
Selling price per item	_____
Total sales	_____
Total expenditures	_____
Net Profit	_____
Total sales*	_____
Less: non-taxable sales	_____
Less: one-day tax-free sales	_____
Net taxable sales	=====

**TAX DUE:** (net taxable sales x .0825) \_\_\_\_\_

Sponsor: \_\_\_\_\_  
Signature (after form is completed)

Date: \_\_\_\_\_

Principal: \_\_\_\_\_  
Signature (after form is completed)

Date: \_\_\_\_\_

\* If total sales includes sales tax, divide total sales by 1.0825