

TUMWATER SCHOOL DISTRICT

Fundraising Activity Form

ASB

ASB Charitable

A. Request for Pre-Approval of Fundraiser at least THREE weeks prior

School: _____		Group Name: _____		Account #: _____	
Proposed Fundraising Activity: _____					
Intended Use of Proceeds: _____					
Start Date: _____		Estimated Revenues: \$ _____			
End Date: _____		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					
Team/ Club Leader (Student): _____			ASB Bookkeeper (Staff): _____		
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>		
Coach/ Club Advisor (Staff): _____			Principal/ Designee): _____		
<i>(Signature & Date)</i>			<i>(Signature & Date)</i>		
ASB Advisor or Activity (Staff): _____			ASB Student Council: _____		
Coordinator <i>(Signature & Date)</i>			Officer <i>(Signature & Date)</i>		

Send copy of "Pre-Approval of Fundraiser to the Finance Department via District Mail or Scan and Email"

Finance Approval: _____

B. Steps Following District Approval:

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a contract with vendor after obtaining a Purchase Order approval.
3. If needed, request a Cash-box from the Bookkeeper.
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from the Bookkeeper (all forms MUST accompany money).
6. Turn all money **INTACT** into Bookkeeper for deposit. **DO NOT TAKE EXPENSES FROM MONEY COLLECTED.**

C. Accounting Summary of Fundraiser

1. Total Actual Revenue Received:		\$ _____
2. Total Cost of Goods Sold (<i>your cost for items sold</i>)	\$ _____	
3. Other Expenses (<i>decorations, supplies, etc.</i>)	\$ _____	
4. Total Expenditures		\$ _____ <i>(Line 2 plus Line 3)</i>
5. Net Profit		\$ _____ <i>(Line 1 plus Line 4)</i>
6. Evaluate Overall Results: _____		

D. Final Approval of Reconciliation

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

Team/ Club Leader (Student): _____		ASB Bookkeeper (Staff): _____	
<i>(Signature & Date)</i>		<i>(Signature & Date)</i>	
Coach/ Club Advisor (Staff): _____		Principal/ Designee): _____	
<i>(Signature & Date)</i>		<i>(Signature & Date)</i>	
ASB Advisor or Activity (Staff): _____		ASB Student Council: _____	
Coordinator <i>(Signature & Date)</i>		Officer <i>(Signature & Date)</i>	

Once complete, retain all fundraising supporting documentation at the building