

FUNDRAISER FORM

Top portion prior to fundraiser bottom portion following fundraiser

Account Number (Fund/Special Cost Center) _____

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