

Sheffield-Sheffield Lake City Schools

Sales Project Potential Form

STUDENT ACTIVITY FUND NAME: _____

PROPOSED SALES PROJECT: _____

COMPANY OR VENDOR: _____

SALES REPRESENTATIVE: _____

PHONE: _____

APROX. DATES OF SALES: _____

START: _____

END: _____

Attach Form to Purchase Order Prior To Starting Fund Raiser..... P.O. # _____

Quantity To Be Ordered: _____

Amt.: _____

Unit: _____

(Quantity)

(i.e. Case, Each)

Cost Per Unit: _____

Sale Price Per Unit: _____

Advisor's Signature

Principal's Signature

Treasurer's Signature

THIS SECTION TO BE COMPLETED WHEN PROJECT IS COMPLETED:

DEPOSITS:

Date: _____

Amts: _____

Date: _____

Amts: _____

Date: _____

Amts: _____

Date: _____

Amts: _____

TOTAL DEPOSIT: _____

PURCHASES:

of Units: _____

@ Unit Cost: _____

=

of Units: _____

@ Unit Cost: _____

=

of Units: _____

@ Unit Cost: _____

=

of Units: _____

@ Unit Cost: _____

=

TOTAL AMOUNT PAID: _____

Amt. Or No. of Units

Unaccounted For: _____

(Explain on Reverse Side)

PROFIT: _____

(Deposit Minus Amount Paid = Profit)

Advisor's Signature

Date

Treasurer's Signature