



Request for Fundraiser Approval

School Site: _____

Fiscal Year: _____ Date this form is completed: _____

Proposed event: _____

Description of fundraiser: _____

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

ASB or Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (check one): ☐ New Event ☐ Held Previously (Years): _____

Event Profit form completed? ☐ Yes ☐ No (attached form if completed)

Approval

(Submitted and Approved by)

Student/Organization Representative: _____
(Signature, Title, and Date)

Club Advisor: _____
(Signature, Title, and Date)

Student Council Recommendation ☐ Yes ☐ No

Student Council Representative: _____
(Signature, Title, and Date)

Principal/School Administrator or Designee Recommendation: ☐ Yes ☐ No

Principal/School Administrator: _____
(Signature, Title, and Date)

Recorded in ASB Student Council Minutes on: _____
(Date)

Fundraising Event Profit/Revenue Projection



School Site: _____

Fiscal Year: _____

Name of Event: _____

Date of Event: _____

Date Form Completed: _____

Part I: Revenue	Estimated Sales			Actual Sales			Difference	
Revenues	Number	Unit Price	Total	Number	Unit Price	Total	Units	Dollars
Number of tickets sold			\$			\$		\$
Number of items sold			\$			\$		\$
Other Revenues			\$			\$		\$
T-SHIRT SALES			\$			\$		\$
(describe)			\$			\$		\$
(describe)			\$			\$		\$
Total All Revenue								\$

Shortages							
Lost (attach documentation)						\$	
Stolen (attach documentation)						\$	
Damaged/Returned						\$	
Remaining Unsold						\$	
Total all losses						\$	
Total Revenue	(Revenue - Shortages)					\$	

Part II: Expenses	Estimated Cost			Actual Cost			Difference	
Expenses	Number	Unit Price	Total	Number	Unit Price	Total	Units	Dollars
Other Expenses			\$			\$		\$
Supplies			\$			\$		\$
Advertising			\$			\$		\$
Custodial Overtime			\$			\$		\$
T-SHIRT ORDER			\$			\$		\$
(describe)			\$			\$		\$
(describe)			\$			\$		\$
Total Expenses								\$

Part III: Net Profit for this Activity:	\$
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Submitted and Approved by: _____

Signature, Title, and Date

Student Club Representative: _____

Signature, Title, and Date

Club Advisor _____

Signature, Title, and Date

Principal/School Administrator: _____

Signature, Title, and Date

Recorded in ASB Student Council Minutes on: _____

(Date)