

**Elsinore High School
Associated Student Body Accounts**

Fundraiser Request Form

Club/Organization: _____ Club Advisor: _____
Date(s) requested (include start and ending dates) _____ Alternate Dates: _____
Description of fundraiser: _____
Description of items to sell: _____
Has your club done this fundraiser before? _____ When? _____
Purpose of fundraiser: _____

REVENUE POTENTIAL – (TO BE COMPLETED BEFORE FUNDRAISER IS APPROVED)

Cost of items to be sold	Fundraiser projection
Each: _____	
Case: _____	Estimated Sales: \$ _____
Delivery: _____	Minus (--) estimated purchase: \$ _____
Tax: _____	Minus (--) estimated expenses: \$ _____
Total Cost: _____	=estimated total profit: \$ _____
Sale Price: _____	

Use back of form if more space is needed.

☐ APPROVED ☐ DENIED

APPROVALS

(SIGNATURES MUST BE OBTAINED IN THIS ORDER)

Club Advisor: _____ Date: _____
ASB Activities Advisor: _____ Date: _____
ASB Student Representative: _____ Date: _____
Administrator: _____ Date: _____

FUNDRAISING RECAP

(TO BE COMPLETED BY AN ADVISOR **AFTER** FUNDRAISER IS COMPLETE AND **RETURNED TO THE BOOKKEEPER**)

Total of deposits: \$ _____
Total cost of items: (minus) \$ _____
Total cost of expenses/promotions: (minus) \$ _____
Profit or loss: = \$ _____
Please explain profit or loss: _____