



Request for Approval: Fundraising Event with Revenue Projection Information

Name of School:

Name of Club:

Request for Fundraiser Approval and Revenue Projection

Fiscal Year: _____

Note: To be approved, applications must be submitted at least four (4) weeks prior to requested date.

Applications must be approved by principal/school administrator prior to the activity/fundraiser.

Date form submitted:

PROPOSED ACTIVITY:

Name of activity or type of fundraiser:

Location of activity:

Facilities needed:

Items to be sold:

Date of activity:

First choice:

Alternate date:

Time of activity: From _____ a.m. /p.m. To: _____ a.m. /p.m.

Ticket selling price: \$

Cash box/Tickets required? Yes No

Number of items purchased for sale: _____ @ \$ _____ each = \$

ASB purchase order required? Yes No

How much income is anticipated? \$

How much expense is anticipated? \$

How will profit be used?

Note: Revenue analysis (fundraiser versus actual statement) is due two weeks after close of activity/fundraiser.

Approval

Submitted and Approved by:

Student Club 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

Approved by:

Principal/School Administrator:

Signature, Title and Date

ASB Student Council President:

Signature, Title and Date

Recorded in ASB Student Council Minutes on:

Date

Presented to Business Office on:

Date

Reason for disapproval, if applicable:

Date approved for/recorded on master calendar (If applicable):