

Walla Walla High School Fundraising/Activity Form

☐ ASB ☐ ASB Charitable ☐ General Fund

A. Proposal: Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser)

School: _____		Group Name: _____		Account #: _____	
Proposed Fundraising Activity: _____					
Intended Use of Proceeds: _____					
Estimated Revenues: \$ _____			Estimated Expenses: \$ _____		
Estimated Revenues-Estimated Expenses=Estimated Profit: _____					
Will the fundraiser be held for the benefit of an organization outside the district?				Yes ☐ No ☐	
If yes , please attach a copy of the name, address and phone number of the organization.					
Dates of the Fundraiser:		Start: _____		End: _____	
Team/Club Leader (student): _____ (Signature & Date)			ASB Bookkeeper (staff): _____ (Signature & Date)		
Coach/Club Advisor (staff): _____ (Signature & Date)			Principal's Pre-Approval : _____ (Signature & Date)		
Student Leadership(student): _____ (Signature & Date)			Activity Coordinator: _____ (Signature & Date)		

B. Steps Following Approval: *Request must be approved BEFORE event can take place.*

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a Contract with vendor after obtaining Purchase Order approval.
3. Request a cash-box from the ASB Bookkeeper (*if needed*).
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from ASB Bookkeeper (*all forms must accompany money*).
6. Turn all money **INTACT** into ASB Bookkeeper for deposit. **Do not take expenses from money collected.**

C. Accounting Summary of Fundraiser (Reconciliation done by ASB Bookkeeper)

1.	Anticipated Revenue (<i>amount you should have collected based on actual sales</i>):	\$	_____
2.	Total Actual Revenue Received	\$	_____
3.	Total Cost of Goods Sold (<i>your cost for items sold</i>)	\$	_____
4.	Other Expenses(<i>decorations, supplies, etc.</i>)	\$	_____
5.	Total Expenditures	\$	_____
			(line 3 plus line 4)
6.	Net Profit (<i>loss</i>)	\$	_____
			(line 2 less line 5)

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:			
Team/Club Leader (student): _____ (Signature & Date)		ASB Bookkeeper (staff): _____ (Signature & Date)	
Coach/Club Advisor (staff): _____ (Signature & Date)		Principal: _____ (Signature & Date)	
Activity Coordinator: _____ (Signature & Date)			

Once Completed: Copies to the following: ASB Bookkeeper