SHEFFIELD -SHEFFIELD LAKE
CITY SCHOOL DISTRICT

TREASURER'S OFFICE USE ONLY
FUNDRAISER # _____

SALES PROJECT POTENTIAL FORM

The purpose of the sales project potential form is to provide information to the advisor(s)/teacher(s) and administrators in regard to the *projected* income from sales projects conducted by the Student Activity programs. **A copy of this form and promotional material must be submitted and approved PRIOR to any fundraiser activity.**

PROJECTIONS
(Submit to School Building Principal)

Organization:_____

Sales Project:_____

Sales Purpose:_____

Sales Company, Address, Telephone, and Representative:
_____

Does this fundraiser earn the district any type of gift certificate or other type of financial award? Yes/No If yes, please explain _____

Date Sale Begins:_____ Date Sale Ends:_____ Are Returns Permitted?Yes/No

Qty. Sold:_____ Unit Sale Price:$_____ Total Sale Price:$_____

Qty Ordered:_____ Unit Cost:$_____ Total Cost:$_____

Other Expenses (prizes, supplies, donations, etc.) Total Other Exp.: $_____

Total Net Profit: $_____

_____
Date

_____
Advisor's/Teacher's signature

_____
Fundraiser Coordinator/Principal's signature

_____
Superintendent's signature

_____
Treasurer's signature

RECONCILIATION FOR FUNDRAISER #_____ PO(s)# _____

(Complete within 2 weeks after conclusion of fundraiser and submit to Treasurer's Office)

Total Units Sold:_____ Sale Price/Unit:$_____ Total Sales:$_____

Other Income:

_____ $_____
_____ $_____
_____ $_____
_____ $_____
Over/Under Reason:_____ Over/Under: $_____

(a) Total Income/Funds Deposited: $_____

Units Purchased:_____ Cost/Unit:$_____ Total: $_____
Units Returned: _____ Cost/Unit:$_____ Total: $_____

Other Expenses:

_____ $_____
_____ $_____
_____ $_____
_____ $_____

(b) Total Expenses/Funds Spent $_____

(a-b) Actual Net Profit (Loss): $_____

_____ _____
Advisor's/Teacher's signature Treasurer's signature

_____ _____
Date Date

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Explanation/Evaluation of Project:_____

_____