

FREEMAN HIGH SCHOOL

Fundraising Form

ASB
 ASB Charitable
 General Fund


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

School: <u>Freeman High School</u>	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 <input type="checkbox"/> No <input type="checkbox"/>
If yes , please attach a copy of the name, address and phone number of the organization.		
Dates of the Fundraiser: Start: _____		End: _____
Coach/Club Advisor (staff): _____		ASB Bookkeeper (staff): _____
<i>(Signature & Date)</i>		<i>(Signature & Date)</i>
Principal's Pre-Approval : _____		
<i>(Signature & Date)</i>		
Student Leadership(student): _____		
<i>(Signature & Date)</i>		

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)

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	\$ _____	
		<i>(line 3 plus line 4)</i>	
6.	Net Profit <i>(loss)</i>	\$ _____	
		<i>(line 2 less line 5)</i>	

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:

Coach/Club Advisor (staff): _____	ASB Bookkeeper (staff): _____
<i>(Signature & Date)</i>	<i>(Signature & Date)</i>

Disposition of unsold merchandise: _____
