

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 <i>yes</i> , please attach a copy of the name, address and phone number of the organization.		
Dates of the Fundraiser: Start: _____ End: _____		
Coach/Club Advisor (staff): _____ (Signature & Date)		ASB Bookkeeper (staff): _____ (Signature & Date)
Principal's <i>Pre-Approval</i> : _____ (Signature & Date)		Athletic Director: _____ (Signature & Date)
Student Leadership(student): _____ (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)

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): _____ (Signature & Date)	ASB Bookkeeper (staff): _____ (Signature & Date)
--	--

Disposition of unsold merchandise: _____

Once Completed: Copies to the following: ASB Bookkeeper and ASB group/activity