

FREEMAN HIGH SCHOOL

Approval Date: _____

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? If yes , please attach a copy of the name, address and phone number of the organization.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of the Fundraiser: Start: _____ End: _____		
Coach/Club Advisor (staff): _____ <i>(Signature & Date)</i>		ASB Bookkeeper (staff): _____ <i>(Signature & Date)</i>
Principal's Pre-Approval : _____ <i>(Signature & Date)</i>		Athletic Director: _____ <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): _____ <i>(Signature & Date)</i>	ASB Bookkeeper (staff): _____ <i>(Signature & Date)</i>
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Disposition of unsold merchandise: _____

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