

# Request to Conduct a Fundraiser

School: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Dates of Fundraiser: \_\_\_\_\_ to \_\_\_\_\_

Advisor: \_\_\_\_\_ Account #: \_\_\_\_\_ Club/Group: \_\_\_\_\_

Description of item(s) being sold: \_\_\_\_\_

Intended use of profit: \_\_\_\_\_

Please check the appropriate box below:

\*ASB Approval Date: \_\_\_\_\_

1. On Campus Sale (During school hours - 12:00 midnight to 30 minutes after dismissal.)  
*\*Nutrition Values for all On-CAMPUS sales of FOOD/DRINK(s) MUST be submitted to Child Nutrition PRIOR to submission to Business Services.*
2. After School Event (On-Campus Sale-MUST BE 30 minutes after dismissal.)  3. Off Campus Sale

Revenue Potential: Section 1 - Choose either A or B			
<b>**Must be completed and sent to Business ONE WEEK PRIOR (two weeks for food sales) to the start of the fundraiser.**</b>			
A.) PER ITEM OR TICKET SALES			
EXPENSE		INCOME	
E1 Unit cost	\$ _____	R1 Selling price	\$ _____
E2 Number of items purchased	\$ _____	R2 Number of items to be sold	\$ _____
<b>E3 TOTAL EXPENSES (E1 X E2)</b>	<b>\$ _____</b>	<b>R3 TOTAL INCOME (R1 X R2)</b>	<b>\$ _____</b>
<b>EXPECTED PROFIT:</b>		<b>\$ _____ (R3 - E3)</b>	
B.) CATALOGUE OR GROUP EVENT			
A1 Expected number of participants or event days	_____		
A2 Expected dollar amount raised per participant/day	\$ _____		
A3 Percent back (example: 20% of restaurant night)	_____ % (100% if receiving all profit)		
<b>EXPECTED PROFIT:</b>		<b>\$ _____ (A1 X A2 X A3)</b>	

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revenue Potential: Section 2								
To be completed NO MORE THAN 30 DAYS AFTER the end date of the fundraiser.								
DEPOSITS		EXPENSES				FUNDRAISER ANALYSIS		
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	ANALYSIS
	\$		\$		\$		\$	TOTAL INCOME
	\$		\$		\$		\$	LESS<EXPENSES>
	\$		\$		\$		\$	LESS
	\$		\$		\$		\$	<ITEMS NOT SOLD>
	\$		\$		\$		\$	TOTAL PROFITS
	\$		\$		\$		\$	If Expected Profit is different from your Total Profit, please explain why:
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
	\$		\$		\$		\$	
<b>TOTALS</b>		\$ _____		<b>TOTALS</b>		\$ _____		

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Business Services	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Child Nutrition	Date

**FOR BUSINESS OFFICE USE ONLY**