

MIDWOOD HIGH SCHOOL AT BROOKLYN COLLEGE
MICHAEL MCDONNELL, PRINCIPAL

FUNDRAISING

Dear Mr. McDonnell:

I am requesting permission to raise funds:

TEACHER'S NAME: _____

TEAM/CLUB/ORGANIZATION: _____

METHOD: _____

ARE DUES BEING COLLECTED? YES _____ NO _____

If dues are being collected, you must attach an itemized list for what the dues will be used for.
This must be provided to parents.

DATES(s): _____ PURPOSE: _____

I have read the chancellor's regulations and will abide by them. I understand that monies collected will immediately be deposited with the G.O. Treasurer

Signed: _____

Date: _____

APPROVED: _____

DISAPPROVED: _____

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AUTHORIZATION TO CREATE WEBSTORE ITEM

Complete this request and submit to the Treasurer's Office, room 255.

Item Name to be listed on WebStore:

Item Description (If apparel, please include if you need size/color options listed):

Item Price: (In addition, there will be a processing fee added to your price which will cover the operational cost of the WebStore and Credit Card company fees)

Account to receive payment:

Notes:

CHECK CATEGORY FOR ITEM TO BE LISTED UNDER ON WEBSTORE:

GENERAL

ATHLETICS

SENIOR ITEMS

Faculty Advisor Making Request

Date

Assistant Principal Organization

Date

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AUTHORIZATION TO TREASURER FOR DISBURSEMENT OF MONEY

Complete this request and submit to the Treasurer's Office, room 255. Bills must be attached to substantiate the need for this disbursement. Every bill must have a clear explanation of the exact purchase. All purchases over \$500 require three (3) bids.

3 Bids Attached

Bids on File

Received Goods – Issue Check (invoice attached with dated signature of receipt)

Need to Create a Purchase Order (quote attached)

Make check/PO payable to: (Print name exactly as you wish check to be drawn)	Invoice #	Date	Amount

Explanation of Purchase: _____

Charge Account: _____

CHECK ONE: **ATHLETIC** **NON-ATHLETIC**

Faculty Advisor Requesting Payment/PO Date

Athletic Director / AP Supervision Date

Assistant Principal Organization Date

Principal Date

DO NOT WRITE BELOW THIS LINE

Notes:

Check #: _____

PO #: _____



FINAL STATEMENT AT CONCLUSION OF REVENUE PRODUCING ACTIVITY

Name of Activity: _____
 Date of Event: _____
 Faculty Advisor: _____

A. INCOME

Ticket Sales	Number Printed

Sold

From:	To:	@ \$	= \$
From:	To:	@ \$	= \$
From:	To:	@ \$	= \$
From:	To:	@ \$	= \$

Unsold	Complimentary	Unaccounted Tickets
From:	From:	From:
To:	To:	To:
From:	From:	From:
To:	To:	To:
From:	From:	From:
To:	To:	To:

B. OTHER SOURCES OF INCOME (Please Specify)

Source of Income	Amount Raised
	\$
	\$
	\$
	\$

C. RECONCILIATION

Anticipated Income (From "Authorization to Collect General School Funds: form	\$
Amount Raised (Actual)	\$
Difference	\$
Explanation (If difference exists)

D. EXPENSES

Total Expense (Each expense should be recorded on the "Request for Expenditure" form – Exhibit F and maintained by the school's treasurer.)	\$
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E. PROFIT OR LOSS

Profit	\$
Loss	\$

I certify that the information in this report is, to the best of my knowledge, correct.

_____ Faculty Advisor (Print) _____ Faculty Advisor (Signature) _____ Date

AUTHORIZATION TO COLLECT GENERAL SCHOOL FUNDS

NAME OF ACTIVITY _____

I have designated _____
to take charge and have the responsibility for the above names activity and to collect from the students all monies related to this activity in accordance with the following schedule:
(Exception: The following schedule is **not** needed if the activity is a G.O. Store engaged in the sale of general merchandise).

A. CALCULATION OF ANTICIPATED GROSS INCOME:

Item/Description	Unit Selling Price	Anticipated Sales
#	@	=
#	@	=
#	@	=
#	@	=

B. ANTICIPATED GROSS SALES: \$ _____

C. CALCULATION OF ANTICIPATED EXPENSES:

Item/Description	Unit Purchasing Price	Anticipated Expenses
#	@	=
#	@	=
#	@	=
#	@	=

D. ANTICIPATED GROSS EXPENSES: \$ _____

E. ANTICIPATED PROFIT (B-D): \$ _____

The person designated will perform the following:

- Turn over this form and all money collected to the school treasurer for deposit. No deduction for expenses should be made from this amount.
- Keep all necessary records (receipts, invoices, packing slips, etc...)
- Render a full accounting of funds ("Final Statement at Conclusion of Revenue Producing Activity") to the school treasurer at the end of the specific fundraising activity or at the end of the term/period, whichever is applicable.
- **Compare the Anticipated Gross Sales and Raised Amounts. An explanation should be provided if the discrepancy is greater than zero.**

I accept the terms and conditions as outlined above.

SIGNATURE OF DESIGNEE/ADVISOR

DATE

Approve by:

PRINCIPAL

DATE