

Fundraising Request Form

Club/Organization: _____

Date(s) Requested (include starting and ending date): _____ Alternate Dates: _____

Description of Fundraiser: _____

Description of Items to Sell: _____

Has your club done this fundraiser before & when: _____

Purpose of Fundraiser: _____

REVENUE POTENTIAL- (TO BE COMPLETED **BEFORE** FUNDRAISER IS APPROVED)

Cost of Items to Be Sold	Fundraiser Projection
Each: _____	Estimated Sales: \$ _____
Case: _____	Minus (---) estimated purchase: \$ _____
Delivery: _____	Minus (---) estimated expenses: \$ _____
Tax: _____	= estimated Total Profit: \$ _____
Total Cost: _____	
Sale Price: _____	

Use Back of form if more space is needed

APPROVED

DENIED

APPROVALS (must be obtained in this order)

Club Advisor: _____ Date: _____

ASB Activities Director: _____ Date: _____

ASB Student Representative: _____ Date: _____

Administrator: _____ Date: _____

FUNDRAISING RECAP

(TO BE COMPLETED BY ADVISOR **AFTER** FUNDRAISER IS COMPLETE AND **RETURNED TO BOOKKEEPER**)

Total of Deposits: \$ _____

Total Cost of Items: --- (minus) \$ _____

Total cost of Expenses/Promotions: --- (minus) \$ _____

Profit or Loss: = \$ _____

Please explain any loss: _____