

- Fundraiser
- Sale

**FUNDRAISING/SALES ACTIVITY APPLICATION**

Campus \_\_\_\_\_ Date \_\_\_\_\_

Club Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Beginning date of sale \_\_\_\_\_ Ending date of sale \_\_\_\_\_

Describe the purpose of this sale \_\_\_\_\_

Describe the product or activity \_\_\_\_\_

Vendor \_\_\_\_\_ Representative \_\_\_\_\_  
 Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street Address/P.O. Box Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have all outstanding debts from previous activities been collected?  Yes \$ \_\_\_\_\_  
 No \_\_\_\_\_ Amount Outstanding\*  
 \*To be completed by secretary/bookkeeper

Estimate the following:  
 Approximate cost per item \$ \_\_\_\_\_  
 Estimated profit \$ \_\_\_\_\_  
 Percentage profit \_\_\_\_\_

Is this sale taxable: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, are you using this sale as one of your two tax free  
 Sale days for this calendar year? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is this your 1st or 2<sup>nd</sup> tax-free sale to date? \_\_\_\_\_

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/bookkeeper. I further certify that I reviewed and read the sponsor supplement and signed the Responsibilities of Faculty Sponsors of Student Groups Acknowledgement form. I will notify the Accounting Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by \_\_\_\_\_ Reviewed by \_\_\_\_\_  
 Sponsor \_\_\_\_\_ Date \_\_\_\_\_ Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by \_\_\_\_\_ Approved by \_\_\_\_\_  
 Principal \_\_\_\_\_ Date \_\_\_\_\_ Team Leader, Financial Services \_\_\_\_\_ Date \_\_\_\_\_

**FUND RAISING RECAP**

Due in Accounting Department within 4 weeks of ending sale date

Total deposits	\$ _____	Quantity of Inventory Received	_____
			(each item)
Less: Total cost of sale (invoice)	\$ _____	Less Inventory Sold	_____
Net Profit	_____	Less Inventory Giveaway **	_____
		Inventory Remaining	_____

\*\* Explanation for Inventory Giveaway must be attached

\_\_\_\_\_  
 Sponsor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Principal \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Secretary/Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_

Original: Campus 1 copy: Sponsor 1 copy: Accounting Dept., on recap 1 copy: Accountability Dept., on approval