

**APPLICATION AND FINANCIAL RECAP
FOR FUND RAISING/GIFTS DONATIONS**

Sponsor Name _____ Sponsor Signature _____

Name of School Sponsored Group _____

Specific purpose(s) for net proceeds _____

Activity Fund Account _____

Description of Product(s) _____

Vendor Name _____ Phone _____

Vendor Address _____

Sale Date _____ Projected Amount of Funds Raised \$ _____

Check one
 Commission _____ Not Taxable _____ Taxable _____ Gift/Donation _____

I request permission to conduct a fund raising activity, and I will be responsible for the preparation of the Operating Report shown at the bottom of this page. I will be responsible for the accountability of all monies collected at the conclusion of the fund raising activity, and I will turn in all records to the principal or Business Office within 5 days after the sale end date. Attach a copy of the club minutes for the fundraiser.

Principal Signature & Date	Finance Signature & Date	Superintendent Signature & Date
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FINANCIAL RECAP	
Total Collections/Deposits	\$ _____
Total Expenses (product, sales, tax, prizes)	\$ _____
Net Income (A minus B)	\$ _____
or Commission Received	\$ _____
Status of remaining inventory	_____

Sponsor Signature & Date	Principal Signature & Date	Finance Signature & Date
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