



Jackson High School ASB Office

ASB Fundraising Intent Form

Is your fundraiser an event? _____ Will you sell merchandise as part of your fundraiser? _____

Master Calendar Approval. Required for Events ONLY. (Events need to be on the master calendar.)

I have completed the Facilities Use Request Form and submitted to JHS Main Office: _____

Date: _____ **Advisor/Coach:** _____ **Club/Activity:** _____

Account Code: _____ **Fundraiser Date(s):** _____

First day to collect money: _____ **Last day to collect money:** _____

Description of Fundraiser: _____

Estimated Profits \$: _____ **Profits will be used for:** _____

Complete this section ONLY if selling merchandise.

Vendor Cost Per Item \$: _____

____ Check if selling multiple items. Please attach the breakdown of vendor costs, selling price and profit per item/quantity.

Selling Cost per item \$: _____ x Quantity being ordered: _____ = Estimated Profit \$: _____

Vendor/Company Name: _____

Additional Information & Planning Checklist (This section is REQUIRED.)

YES NO

I will have a Purchase Order to follow? Estimated Amount \$: _____

I have submitted a Field Trip Request Packet? If not, I will submit by: _____

I will need a Cash Box? Date needed: _____

If no, are student(s) paying for any portion of this event? _____

I will need a Contract by the vendor signed? Please submit contract to ASB Secretary for signatures.

Reminder: Staff may not sign contracts.

ASB Monies will be paying a portion of Staff Salaries for this event? Estimate amount(s) below.

Staff: _____ Substitute: _____ Police: _____ Custodian: _____

Club Representative _____ Date _____ Club Advisor _____ Date _____

ASB Treasurer _____ Date _____ ASB Advisor _____ Date _____

Administrator _____ Date _____

APPROVED

YES

NO