

|  |
| --- |
| I hereby certify that the above accounting information is complete and accurate: |
| ASB Treasurer (staff):  |   |   |   |  |  |  |
|  |  |  | *Signature & Date* |  |  |  |  |

***F.* Final Reconciliation *(to be completed by ASB Treasurer after event has completed)***

|  |  |  |
| --- | --- | --- |
| 1. Anticipated Revenue *(amount you should have collected based in actual sales)*: | $ |   |
| 2. Total Actual Revenue Received |  |  |  |  | $ |   |
| 3.Total Cost of Goods Sold *(your cost for items sold)* | $ |   |  |  |  |
| 4. Other Expenses *(decorations, supplies, etc.)* |  | $ |   |  |  |  |
| 5. Total Expenditures |  |  |  |  |  | $ |   |  |
| 6. Net Profit *(loss)* |  |  |  |  |  | $ |   |  |

***E.* Accounting Summary for Fundraiser (Reconciliation)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Order all materials or supplies with a PO (Purchase Order) or with the pcard. |  |  |  |
| 2. If needed, complete a Contract with the vendor after obtaining Purchase Order Approval. |  |
| 3. Request a cash-box from the ASB Treasurer (if needed).  |  |  |  |  |
| 4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold. |  |
| 5. Obtain appropriate record keeping forms from the ASB Treasurer (all forms must accompany money). |
| 6. Turn all money INTACT into the ASB Treasurer for deposit. Do not take expenses from money collected.  |

***D.* Steps following Approval: *Request must be approved BEFORE event can take place.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ASB Officer (student): |   |   |   | ASB Advisor (staff): |   |   |   |
|  |  |  | *Signature & Date* |  |  |  |  | *Signature & Date* |  |
| ASB Principal: |   |   |   | ASB Treasurer (staff): |   |   |   |
|  |  |  | *Signature & Date* |  |  |  |  |  | *Signature & Date* |

***C.* Approval Review and Approval Signatures: *Request must be approved BEFORE event can take place***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School:  |   |   | Group Name: |   |   |   | Account #: |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Proposed Fundraising Activity: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Intended use of Proceeds: |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Estimated Revenue |   |   |   | Estimated Expenses: |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Estimated Profit (estimated revenue - estimated expenses): |   |   |   |   |
|  |  |  |  |  |  |  |  |  |  |
| Will the fundraiser be held for the benefits of an organization outside of the district? | Yes No |  |
| If yes, please attach a copy of the name, address, and phone number of the organization. |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Dates of the fundraiser: | Start: |   | End: |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Team/Club Leader (student): |   |   | Coach/Activity Coordinator (staff): |   |   |
|  |  |  | *Signature & Date* |  |  |  |  | *Signature & Date* |  |
|  |  |  |  |  |  |  |  |  |  |

**Evergreen MS Fundraising/Activity Request Form**

**Rev. 1/20**

|  |  |
| --- | --- |
| **School Year:** |   |
| **Date Submitted:** |   |

***A.* Request: Pre-Approval of Fundraiser *(at least TWO Weeks prior to fundraiser****)*

Once Completed: Copies to the following: ASB Treasurer and ASB Group/Activity

|  |  |
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| **ASB** | **ASB Charitable** |