

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

**Rev. 1/20**

**Evergreen MS Fundraising/Activity Form**

|  |  |
| --- | --- |
| **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

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

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

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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)* |  |  |  |  |  | $ |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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* |  |
|  |  |  |  |  |  |  |  |  |  |