

Snoqualmie Valley School District #410

Fundraising Activity Form

ASB

ASB Charitable

General Fund

A. Request for Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser).

School: _____ Group Name: _____ Account #: _____

Proposed Fundraising Activity: _____

Intended Use of Proceeds: _____

Estimated Revenues: \$ _____ Estimated Expenses: \$ _____

Estimated Revenues-Estimated Expenses = Estimated Profit: \$ _____

Will the fundraiser be held for the benefit of an organization outside the district? Yes No
If yes, please attach a copy of the name, address, and phone number of organization.

Date of the Fundraiser: Start: _____ End: _____

Team/Club Leader (Student): _____ ASB Bookkeeper (Staff): _____
 (Signature & Date) (Signature & Date)

Coach/Club Advisor (Staff): _____ Principal's Pre-Approval: _____
 (Signature & Date) (Signature & Date)

Student Leadership (Student): _____ Activity/Athletic Coordinator: _____
 (Signature & Date) (Signature & Date)

B. Steps Following Approval: Request must be approved BEFORE event can take place.

1. Send Copy of "Pre-Approval of Fundraiser" to District Accountant via District Mail or Email.
2. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
3. If needed, complete a Contract with Vendor before requesting a Purchase Order.
4. Request a cash-box from the ASB Bookkeeper (if needed).
5. Conduct fundraiser, monitoring all cash goods. Inventory should be kept for goods being sold.
6. Obtain appropriate record keeping forms from ASB Bookkeeper (all forms must accompany money).
7. Turn all money **INTACT** into ASB Bookkeeper for deposit. **Do not take expenses from money collected.**

C. Accounting Summary of Fundraiser

1. Anticipated Revenue (amount you should have collected based on 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 (line 3 plus line 4): \$ _____

6. Net Profit (line 2 less line 5): \$ _____

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:

Team/Club Leader (Student): _____ ASB Bookkeeper (Staff): _____
 (Signature & Date) (Signature & Date)

Coach/Club Advisor (Staff): _____ Principal: _____
 (Signature & Date) (Signature & Date)

Activity/Athletic Coordinator: _____
 (Signature & Date)

