

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, please attach a copy of the name, address, and phone number of organization.</i>					
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.

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| <ol style="list-style-type: none"> 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 (<i>if needed</i>). 5. Conduct fundraiser, monitoring all cash goods. Inventory should be kept for goods being sold. 6. Obtain appropriate record keeping forms from ASB Bookkeeper (<i>all forms must accompany money</i>). 7. Turn all money INTACT into ASB Bookkeeper for deposit. Do not take expenses from money collected. |
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C. Accounting Summary of Fundraiser

1. Anticipated Revenue (<i>amount you should have collected based on actual sales</i>):	\$ _____
2. Total Actual Revenue Received:	\$ _____
3. Total Cost of Goods Sold (<i>your cost for items sold</i>):	\$ _____
4. Other Expenses (decorations, supplies, etc.):	\$ _____
5. Total Expenditures (<i>line 3 plus line 4</i>):	\$ _____
6. Net Profit (<i>line 2 less line 5</i>):	\$ _____

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)	

FUNDRAISER RECONCILIATION

Name of Fundraiser: _____

Inventory

Item(s)	Quantity	# Sold	Sold for \$	# on hand	Storage Location
Totals					

Accounting Summary of Fundraiser

- 1. Total Actual Revenue Received (include InTouch report): \$ _____
- 2. Total Expenses (decorations, supplies, etc.)(Include receipts): \$ _____
- 3. Donations: \$ _____
- 4. Fines: \$ _____
- 5. Net Profit (loss): \$ _____

Attach WesPAC Reports for Yearbook

Final Approval of Reconciliation:

I hereby certify that the above information is complete and accurate.

Team/Club Leader (student): _____
Print Name Signature Date

Coach/Club Advisor (staff): _____
Print Name Signature Date

AD/Activity Coordinator: _____
Print Name Signature Date

Administration: _____
Print Name Signature Date

ASB Exec Board: _____
Print Name Signature Date

ASB Bookkeeper: _____
Print Name Signature Date

PLEASE KEEP A COPY OF THIS FORM AND ALL INVOICES/RECEIPTS FOR YOUR RECONCILIATION