

La Conner School District
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 of the district? Yes No	
If yes, please attached a copy of the name, address and phone number of the organization.	
Date(s) and times of the fundraiser: _____ Location: _____	
_____	_____
Team/Club Leader (student) signature & date	Coach/Club Advisor (staff) signature & date
_____	_____
Student Leadership (student) signature & date	Principal's <i>Pre-Approval</i> (staff) signature & date

Activity/Athletic Coordinator (student) 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. Order all needed materials or supplies with a Purchase Order through the Assistant Principal. 2. If needed, complete a Contract with vendor after obtaining a Purchase Order Approval. 3. Request a cash box from the ASB Administrative Assistant. 4. Obtain appropriate record keeping forms from ASB Administrative Assistant (all forms must accompany money). 5. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold. 6. Turn all money INTACT into ASB Administrative Assistant for deposit. Do not take expenses from money collected. |
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C. Accounting Summary of Fundraiser

7. Anticipated Revenue (amount you should have collected based on actual sales):	\$ _____
8. Total Actual Revenue Received	\$ _____
9. Total Cost of Goods Sold (your cost for items sold)	\$ _____
10. Other Expenses (decorations, supplies, etc.)	\$ _____
11. Total Expenditures (line 3 + line 4)	\$ _____
12. Net Profit (or loss, line 2 – line 5)	

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:	
_____	_____
Team/Club Leader (student) signature & date	Coach/Club Advisor (staff) signature & date
_____	_____
ASB Administrative Assistant (staff) signature & date	Principal's signature & date

Activity/Athletic Coordinator (student) signature & date	

Once completed: Copies to the following: ASB Administrative Assistant, ASB Group/Activity, District Accountant