

CAYUGA ISD FUNDRAISER REQUEST FORM

General Information:

Campus: _____ Club/Organization: _____

Fundraiser Information:

Fundraiser will be conducted from _____ to _____
 (Month/Year) (Month/Year)

Who will do the selling? _____ Where? _____

Funds generated will be used for: _____

Product or items to be sold: _____

Price per item: _____ Cost per item: _____

Vendor Name: _____ Representative: _____

Address: _____ Phone: _____

This is the 1st _____, 2nd _____, 3rd _____, 4th _____ fundraiser this year.

Sponsor Certificaton:

I am familiar with the school and District policies (CDC Legal and GKB Legal) regarding the sale of merchandise at school and in the community. A Financial Recap of profit/loss will be completed and submitted to the campus principal within 30 days after the termination of the fund raising activity. In addition, I accept responsibility that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the District policies.

Sponsor's Printed Name: _____

Sponsor's Signature: _____ **Date:** _____

Projected Profit completed prior to approval

A. Revenue	\$	
B. Expenditure	\$	
C. Net Profit (A-B)	\$	
D. % Profit (C/A)	\$	

Application Approval:

Campus Principal Signature: _____ Yes _____ No _____ Date: _____

FINANCIAL RECAP (MUST BE COMPLETED)

	Actual	Variance from Projected Profit
A. Revenue	\$ <table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	\$ _____
B. Expenditure	\$ <table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	\$ _____
C. Net Profit (A minus B)	\$ <table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	\$ _____
D. % Profit (C÷A)	\$ <table border="1" style="display: inline-table; width: 80px; height: 20px;"></table>	\$ _____

Status of any remaining inventory _____

Sponsor's Recap _____ **Date** _____

Principal's Approval-Recap _____ **Date** _____