## Sweetwater Union High School District Associated Student Body

School \_

## Fundraiser or Activity Application

## APPLICATIONS MUST BE APPROVED BY ASB CABINET PRIOR TO FUNDRAISER OR ACTIVITY

A. REQUEST for Approval:	
Date Submitted:	
Name of Organization:	
Proposed Activity:	
Location of Activity:	
Date of Activity: First Choice	Second Choice
Time of Activity:	То
Proposed Amount to be raised: _ \$	
Anticipated Expenses: \$	
Intended use of proceeds:	
Online Fundraising? □ N/A □ Yes (answer below)	
If online fundraising, proposed website:	
For online fundraising, attach additional pages providing a complete copy of the language to be posted on the fundraising site (must include a statement that all donations are voluntary and are not a condition of any student's participation in school activities).	
include a statement that all donations are voluntary and are not a condition of any s	tudent's participation in school activities).
Signature of Club Representative Signature of Club Advisor	<u> </u>
Submit purchase order request.	
<ol> <li>Request a cashbox and applicable forms to document cash collections from the</li> </ol>	ACR
Conduct fundraiser, monitoring all cash and goods. Inventory should be kept daily for goods being sold.	
Turn in all money with an ASB Money Deposit Form and INTACT. If there are expenses to the control of the c	
proceeds. Instead, submit a check request to the ASB along with the original rec	
Complete the Fundraiser Reconciliation below when money is turned into the AS	
C. <u>ACCOUNTING Fundraiser Reconciliation:</u> To be completed after the close of the f	fundraiser.
Total Actual Revenue Received (this amount should agree to sales records)	\$
<ol><li>Total Cost of Goods Sold (your cost of the items sold):</li></ol>	\$
3. Other Expenses (decorations, supplies, etc.):	\$
4. Total Expenditures (line 2 plus line 3)	<u>\$</u>
5. Net Profit (Loss) (line 1 minus line 4)	<u>\$</u>
	<u></u>
Signature of Club Advisor or Coach Date	
(For ASB Use Only)	
□ Request Approved □ Unable to Approve	
Signature of ASB Student Representative Signature of AP/ASB Advisor	Date
Date recorded in meeting minutes:	