This form is to be completed and submitted to the principal for approval prior to commencing any student fund-raising activity.

Name of Group: ________________________________________________________________

Advisor (Rep./Person Managing Funds): ____________________________________________

Name of the fund-raiser: _______________________________________________________

Projected Use for Fund Raiser Proceeds _________________________________________

Means of fund-raising (e.g. cash contribution, pledge, sale of product or service, etc.):

Vendor Name: ________________________________________________________________

Vendor Address: __________________________________________________________________

PO Number(s): __________________________________________________________________

Date(s)/Time(s) of Proposed Project: ____________________________________________

<table>
<thead>
<tr>
<th>No. of Items</th>
<th>Cost Per Item</th>
<th>Total Cost (No. X Cost)</th>
<th>Sale Price/Item</th>
<th>Profit/Item (Sale Price – Cost)</th>
<th>Projected Profit (No. X Profit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>$ __________</td>
<td>$ __________</td>
<td>$ __________ X $ __________</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>__________</td>
<td>$ __________</td>
<td>$ __________</td>
<td>$ __________ X $ __________</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
<tr>
<td>__________</td>
<td>$ __________</td>
<td>$ __________</td>
<td>$ __________ X $ __________</td>
<td>$ __________</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

Totals

__________ $ __________ $ __________

Requested By: Advisor: _________________________ Date: __________

Approved By:

Principal Signature: _________________________ Date: __________

Treasurer Signature: _________________________ Date: __________
Name of Student Group: ______________________________________________________________________
Advisor: _________________________________________________________________________________
School: _________________________________________________________________________________
Fund Account Number: _____________________________________________________________________

Description of the Fund Raiser: ______________________________________________________________________
Date of the Fund Raiser: __________________________________________________________________________
Location of the Fund Raiser: _______________________________________________________________________

Cost of Merchandise: $ __________________
Number of Items Sold: __________________
Actual Revenue(s): $ __________________

Condition of Unsold Items: _______________________________________________________________________
Plan for Unsold /Unused Items: ____________________________________________________________________

Date Deposit was given to Treasurer’s Office: ________________

Advisor: ____________________________ Date: __________
Principal Signature: __________________ Date: __________
Treasurer Signature: __________________ Date: __________