

TUMWATER SCHOOL DISTRICT

Fundraising Activity Form

ASB

ASB Charitable

General Fund

A. Request for Pre-Approval of Fundraiser at least THREE weeks prior

School: _____ Group Name: _____ Account #: _____	
Proposed Fundraising Activity: _____	
Intended Use of Proceeds: _____	
Start Date: _____	Estimated Revenues: \$ _____
End Date: _____	Estimated Expenses: \$ _____
Estimated Profit: \$ _____	
Will the fundraiser be held for the benefit of an organization outside the district? YES NO	
If YES, please attach a copy of the name, address and phone number of the organization	
Team/ Club Leader (Student): _____ <small>(Signature & Date)</small>	ASB Bookkeeper (Staff): _____ <small>(Signature & Date)</small>
Coach/ Club Advisor (Staff): _____ <small>(Signature & Date)</small>	Principal/ Designee): _____ <small>(Signature & Date)</small>
ASB Advisor or Activity (Staff): _____ Coordinator <small>(Signature & Date)</small>	ASB Student Council: _____ Officer <small>(Signature & Date)</small>

Send copy of "Pre-Approval of Fundraiser to the Finance Department via District Mail or Scan and Email.

Finance Approval: _____

B. Steps Following District Approval:

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a contract with vendor after obtaining a Purchase Order approval.
3. If needed, request a Cash-box from the Bookkeeper.
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from the Bookkeeper (all forms MUST accompany money).
6. Turn all money **INTACT** into Bookkeeper for deposit. **DO NOT TAKE EXPENSES FROM MONEY COLLECTED.**

C. Accounting Summary of Fundraiser

1. Total Actual Revenue Received:	\$ _____
2. Total Cost of Goods Sold (<i>your cost for items sold</i>)	\$ _____
3. Other Expenses (<i>decorations, supplies, etc.</i>)	\$ _____
4. Total Expenditures	\$ _____ <small>(Line 2 plus Line 3)</small>
5. Net Profit	\$ _____ <small>(Line 1 plus Line 4)</small>
6. Evaluate Overall Results: _____	

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate	
Team/ Club Leader (Student): _____ <small>(Signature & Date)</small>	ASB Bookkeeper (Staff): _____ <small>(Signature & Date)</small>
Coach/ Club Advisor (Staff): _____ <small>(Signature & Date)</small>	Principal/ Designee): _____ <small>(Signature & Date)</small>
ASB Advisor or Activity (Staff): _____ Coordinator <small>(Signature & Date)</small>	ASB Student Council: _____ Officer <small>(Signature & Date)</small>

Once complete Retain All Fundraising Supporting Documentation at the Building and Send following copies to: