

REQUEST FOR FUND RAISING PROJECT

Date: _____

Name of Organization: _____

Description of Product(s) to be Sold: _____

Company Name and Address: _____

Date of Sale: From: _____ To: _____

Quantity to be Ordered _____ Sale Price per Item: _____

Cost Per Item: _____

Requested By: _____

(Sponsor's Signature)

(Date)

Approved By: _____

(Principal's Signature)

(Date)

(Superintendent's Signature)

(Date)

This section to be completed when profit is completed—see Treasurer

		Unit Price		Total Cost
Purchases:	_____ @ \$ _____			\$ _____
	_____ @ \$ _____			\$ _____
	_____ @ \$ _____			\$ _____

Less Returns: _____ @ \$ _____ \$ _____

Total to be Accounted For: _____ @ \$ _____ \$ _____

Total Sales: _____ @ \$ _____ \$ _____

Profit: _____ @ \$ _____ \$ _____

Total Deposited With Treasurer: \$ _____
Quantity Unaccounted For: Attach Explanation

(Sponsor's Signature) (Date)

(Principal's Signature) (Date)

(Superintendent's Signature) (Date)

*****Submit Four (4) Copies: Superintendent, Principal, Sponsor, Treasurer*****