

**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: _____ From _____ To _____

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).

Signature of Club Representative

Signature of Club Advisor

B. STEPS following approval for fundraiser:

1. Submit purchase order request.
2. Request a cashbox and applicable forms to document cash collections from the ASB.
3. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept daily for goods being sold.
4. Turn in all money with an ASB Money Deposit Form and **INTACT**. If there are expenses to be reimbursed, do not deduct from proceeds. Instead, submit a check request to the ASB along with the original receipt(s).
5. Complete the Fundraiser Reconciliation below when money is turned into the ASB.

C. ACCOUNTING Fundraiser Reconciliation: To be completed after the close of the fundraiser.

- | | |
|--|----------|
| 1. Total Actual Revenue Received (this amount should agree to sales records) | \$ _____ |
| 2. Total Cost of Goods Sold (your cost of the items sold): | \$ _____ |
| 3. Other Expenses (decorations, supplies, etc.): | \$ _____ |
| 4. Total Expenditures (line 2 plus line 3) | \$ _____ |
| 5. Net Profit (Loss) (line 1 minus line 4) | \$ _____ |

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: _____