

**20__-20__
FUND RAISING REQUEST
YOE HIGH SCHOOL**

SPONSOR _____ ORGANIZATION _____

***** Activity Account # _____

Description of Project _____

Purpose/Use of Funds _____

Date of Sale/Activity: Beginning: _____ Ending: _____

Vendor: _____ Admission: _____

Cost of Product: _____ Project Attendance: _____

Sale Price of Product Per Unit: _____

Estimated Expenses: _____ for _____

Total Estimated Profit: _____

Tax Free: Yes _____ No _____

Reminder: Each organization is allowed only two (2) tax free fund raisers each calendar year.

Other Comments by Sponsor: _____

Approved: _____ Disapproved: _____ Principal _____

Upon approval of the Principal, the original request form shall be forwarded to the Business Manager for approval/disapproval

**SPONSOR SUMMARY SHEET
FUND RAISING PROJECT
YOE HIGH SCHOOL**

SPONSOR _____ ORGANIZATION _____ PROJECT # _____

VENDOR _____

QUANTITY RECEIVED: _____ COST/UNIT: \$ _____

QUANTITY SOLD: _____ SALE PRICE/UNIT: \$ _____

TOTAL SALES: \$ _____

TOTAL EXPENSES: \$ _____ TAX FREE: YES _____ NO _____

TOTAL PROFIT: \$ _____ TOTAL SALES TAX REMITTED: \$ _____

DISPOSITION OF INVENTORY (IF APPLICABLE):

Total on Hand: _____ x \$ _____ = \$ _____

Where Stored: _____

Expected Disposition of Inventory: _____

EXPLANATION OF ANY DISCREPANCIES: _____

DEPOSITS TO ACTIVITY ACCOUNT NUMBER _____

CASH RECEIPT #	DATE	SALES AMOUNT	TAX AMOUNT	EXPENSES	
				DESCRIPTION	AMOUNT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL:				_____	TOTAL: _____

SUBMITTED BY: _____