

**SNYDER INDEPENDENT SCHOOL DISTRICT
FUND RAISING/SALES ACTIVITY APPLICATION**

Fundraiser _____
Sales _____

Campus _____ Date _____

Club Name _____ Sponsor _____

Beginning day of sale _____ Ending day of sale _____

Describe the purpose of this sale _____

Describe the product or activity _____

Vendor _____ Representative _____
Company Name

Address _____
Street Address/P.O. Box Number

City _____ State _____ Zip _____

Phone _____ Phone _____
Local Representative National Office

Have all outstanding debts from previous activities been collected? Yes _____
No \$ _____
Amount Outstanding*
*To be completed by campus secretary or bookkeeper

Estimate the following:
Approximate cost per item \$ _____

Estimated profit \$ _____ Tax Free: Yes _____ No _____

Percentage profit _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/bookkeeper. I will notify the Accounting Office of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Date _____
Sponsor

Approved by _____ Date _____
Principal

Approved by _____ Date _____
Executive Team Leader, Financial Services

FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sale date

Total deposits \$ _____ Secretary/Bookkeeper _____ Date _____

Less: Total cost of sale (invoice) _____

Net profit \$ _____ Sponsor _____ Date _____

*Explanation for discrepancy must be attached (i.e. product leftover, product given away, obligations)