

Fund-Raising Approval Form

Fall \_\_\_\_\_ Spring \_\_\_\_\_

Name of club or organization: \_\_\_\_\_ Number of members: \_\_\_\_\_

Purchasing from: \_\_\_\_\_  
Company

\_\_\_\_\_  
Sales Representative Telephone

Type of item(s) to be sold: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Date(s) items will be sold: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Cost per item: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Sale price per item: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Anticipated profit per item: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Total anticipated profit \$ \_\_\_\_\_

Please indicate for what the profit will be used: \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Coach Date

\_\_\_\_\_  
Signature of Athletic Director Date

**Approved**       **Denied** \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal Date

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Complete At Conclusion of Fund Raiser

Total Items Sold: \_\_\_\_\_

Total Receipts From Sale: \$ \_\_\_\_\_

Total Items Unsold: \_\_\_\_\_

Total Invoices Paid or Due: \_\_\_\_\_

**NET PROFIT: \$** \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor/Coach Date

\_\_\_\_\_  
Signature of Bookkeeper Date