

Clinton City Schools Fundraising Request Form

Request for Pre-Approval of Fundraiser (at least ONE month prior to fundraiser)

School: _____ Group Name: _____
 Proposed Fundraising Activity: _____
 Vendor Name and Address: _____
 Intended Use of Proceeds: _____

 Estimated Revenues: \$ _____ Estimated Expenses: \$ _____ Estimated Profit: \$ _____
 Fundraiser Dates: Start: _____ End: _____
 Submitted By: _____ Position: _____
 Email: _____ Phone #: _____
 Date Submitted: _____

Signatures:

NOTE: Request must be approved by all signatories and the CCS Board of Ed. **BEFORE** event can take place.

Club Advisor: _____ Approved/Denied Date: _____
 Administrator: _____ Approved/Denied Date: _____
 Asst. Supt.: _____ Approved/Denied Date: _____
 If declined, reason: _____

Accounting Summary of Fundraiser (to be completed after the fundraiser is over)

Anticipated Revenue (amount you should have collected based on number of sales):	\$ _____
Total Revenue Received:	\$ _____
Total Expenditures (including cost of Goods sold):	\$ _____
Net Profit/Loss (Total Revenue Received – Total Expenditures):	\$ _____

Final Approval of Reconciliation (Return to Asst. Supt. for HR once all have been signed)

Signatures:

I hereby certify that the above accounting information is complete and accurate:

Club Advisor: _____ Date: _____
 Bookkeeper: _____ Date: _____
 Administrator: _____ Date: _____

Procedure Revised: July 14, 2016; September 2, 2016

Policy Adopted: March 5, 2013