School Year:_____

PIERZ STUDENT ACTIVITY FUNDRAISER APPROVAL FORM

Student Activity Fund:_____**Activity Advisor:**_____

Fundraiser Name:_____

Purpose of Fundraiser:_____

_____

Description of Fundraiser:_____

_____

Fundraiser Location:_____

Fundraiser Start/End Date(s):_____

Fundraiser Start/End Time(s):_____

Cost of Fundraiser: Attach Price List if Possible

Fundraiser Item	Cost per Item	# of Items Purchased	Total Cost of Item	Sale Price of Item	Income (if all items sell)	Net Profit
SAMPLE- *Carnations*	*$1.60*	*120*	***$192.00***	*$12.00*	***$1,440.00***	***$1,248.00***

Advisor(s) please make a list of students selling product and be sure to check off students as they turn money in.

Total Anticipated Fundraiser Net Profit (taken from grid above) $_____

Vendor Name & Address Items will be purchased from: _____

Vendor Phone: _____ _____

_____

_____

List system you will use in providing security for product, monies received, and accounting procedures:

_____

_____

Anticipated problems, comments:_____

_____

Approved by:_____ _____
Activities Director Date

Approved by:_____ _____
Principal Date

Approved by:_____ _____
Superintendent/School Board Date

7/12/2017