

Redmond High School

Fundraising Form

A. Request for Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser)

School: RHS Group Name: _____

Proposed Fundraising Activity: _____

Intended Use of Proceeds: _____

NOTE: If fundraiser is being held for an organization outside of RHS ASB please attach a copy of the name, address, and phone number of the organization.

Estimated Revenues: \$ _____ Estimated Expenses: \$ _____ Estimated Profit: \$ _____

Fundraiser Dates: Start: _____ End: _____

Submitted By: _____ Position: _____ Date Submitted: _____

Contact Person: _____ Email: _____ Phone Number: _____

Signatures:

NOTE: Request must be approved by all signatories **BEFORE** event can take place.

Team/Club Leader (student): _____ Bookkeeper: _____

Club Advisor (staff): _____ Administrator: _____

ASB Treasurer (student): _____ Activity Coordinator: _____

If declined, reason: _____

B. Steps Following Approval:

1. Order all needed materials and/or supplies with a "Purchase Order" (PO).
 - a. **NOTE:** PO form can be obtained through the Bookkeeper or ASB Treasurer
2. If needed, contact and complete a Contract with vendor after obtaining PO approval.
3. If needed, request a cash box from the Bookkeeper.
4. Conduct fundraiser, monitoring all cash and goods. Inventory must be kept for goods being sold.
 - a. **NOTE:** An adult must be present throughout all money transactions.
5. Obtain appropriate record keeping forms from Bookkeeper.
 - a. **NOTE:** An adult must sign the "Cash Box Reconciliation Form."
6. Turn all money **INTACT** into Bookkeeper for deposit. **Do not take expenses from monies collected.**
7. If any expenditures were made out of pocket, turn in "Miscellaneous Reimbursement Form" to Bookkeeper.
 - a. **NOTE:** "Miscellaneous Reimbursement Form" has a 30 day deadline from date of purchase to be turned in.

C. Accounting Summary of Fundraiser

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): \$ _____

D. Final Approval of Reconciliation**Signatures:**

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

Team/Club Leader (student): _____ Bookkeeper: _____

Club Advisor (staff): _____ Administrator: _____

ASB Treasurer (student): _____ Activity Coordinator: _____

Once completed, copies to the following:

White: Bookkeeper

Pink: ASB Organization/Club

Yellow: District Accountant