

STUDENT ACTIVITY PROPOSAL

ORGANIZATION _____ ACTIVITY _____

PURPOSE _____

STARTING DATE _____ ENDING DATE _____

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete SECTION ONE for resale activities:

COMPANY & ADDRESS _____

COMPANY REPRESENTATIVE _____ PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____

Complete SECTION TWO for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
_____	\$ _____
_____	\$ _____
_____	\$ _____

DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR _____ DATE _____

PRINCIPAL _____ DATE _____

SUPERINTENDENT _____ DATE _____

TREASURER'S OFFICE _____ DATE _____

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION _____

ACTIVITY _____

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete **SECTION ONE** for resale activities:

Quantity purchased from vendor and unit cost	_____	@ _____	\$ _____	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ _____	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ _____	DEPOSITS

Complete **SECTION TWO** for other activities:

Description of revenues	_____	\$ _____	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ _____	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ _____	DEPOSITS

ADVISOR _____ DATE _____

PRINCIPAL _____ DATE _____

SUPERINTENDENT _____ DATE _____

TREASURER'S OFFICE _____ DATE _____