

Print Form

ROUND ROCK INDEPENDENT SCHOOL DISTRICT FUND RAISING/SALES ACTIVITY APPLICATION

Fundraiser	<input type="checkbox"/>
Sale	<input type="checkbox"/>

Campus _____ Date _____

Sponsor _____ Club name _____

Describe the purpose of this sale _____

Describe the product or activity _____

Sale/activity location _____ Facility usage request submitted Yes No NA

Targeted customer for product/activity _____

Start and ending date of sale/activity _____ Time of day of sale/activity _____

Vendor _____
Company Name Representative Phone

Have all outstanding debts from previous activities been collected? Yes No \$ _____
Amount Outstanding*

Estimate the following:
Approximate cost per item/activity \$ _____
Estimated profit _____
Percentage profit _____

Is this sale taxable? Yes <input type="checkbox"/> No <input type="checkbox"/>
If taxable and if eligible, will this sale count as one of the two tax-free sale days? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this your 1st or 2nd tax-free sale to date? _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/bookkeeper. I further certify that I reviewed and read the sponsor supplement and signed the Responsibilities of Faculty Sponsors of Student Groups Acknowledgement form. I will notify the Accounting Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Sponsor _____ Date _____ Reviewed by _____ Bookkeeper _____ Date _____

Approved by _____ Principal _____ Date _____ Approved by _____ Director, Financial Services _____ Date _____

FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sale/activity date

Total deposits	\$ _____	Quantity of Inventory Received	_____
Less: Total cost of sale/activity (invoice)	\$ _____	Less: Inventory Sold	_____ (each item)
Net profit	\$ _____	Less: Inventory Giveaway **	_____
		Inventory Remaining	_____

**Explanation for Inventory Giveaway must be attached

Sponsor _____ Date _____

Principal _____ Date _____

Secretary/Bookkeeper _____ Date _____

Original: Campus 1 copy: Sponsor 1 copy: Accounting Dept., on recap 1 copy: Accounting Dept., on approval