

**STUDENT ACTIVITY/ATHLETIC FUNDRAISER  
SALES POTENTIAL AND PROFIT REPORT**

**Projections (Part A) of this form must be submitted and approved PRIOR to starting the fundraising activity. Approval will be granted based on adopted Board policies. Requisitions for any purchases needed MUST be submitted upon approval of this fundraising activity and prior to placing any orders or making any purchases.**

**PART A: SALES POTENTIAL**

Student Activity/Athletic Name: \_\_\_\_\_ SCC #: \_\_\_\_\_

Date of Fundraiser: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Fundraiser: \_\_\_\_\_

Vendor Name(s) if applicable: \_\_\_\_\_

Total estimated sales: \$\_\_\_\_\_.

Cost of products to be sold/other costs: \$\_\_\_\_\_.

Total estimated Profit: \$\_\_\_\_\_.

Advisor/Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal/Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by Treasurer's Office on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy emailed to advisor: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part B must be completed and submitted within five (5) days following the end of your fundraising activity.**

**PART B: PROFIT RECAP (Remit upon completion of fundraising activity)**

Total Receipts/Gross Revenue: \$\_\_\_\_\_.

Returns/Refunds: \$\_\_\_\_\_.

Cost of Goods Sold: \$\_\_\_\_\_.

Total Net Profit: \$\_\_\_\_\_.

Advisor/Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal/Athletic Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by Treasurer's Office on: \_\_\_\_/\_\_\_\_/\_\_\_\_