

LIBERTY HILL ISD

FUND RAISING ACTIVITY APPLICATION

TEACHER/SPONSOR: _____ DATE: _____

CLUB/ACTIVITY NAME: _____ CAMPUS: _____

BEGINNING DAY OF SALE: _____ ENDING DAY OF SALE: _____

DESCRIBE PURPOSE OF SALE: _____

DESCRIBE THE PRODUCT OR ACTIVITY: _____

VENDOR: _____ REPRESENTATIVE: _____

ADDRESS: _____ PHONE: (____) ____ - _____
STREET ADDRESS/PO BOX CITY/STATE/ZIP

HAVE ALL OUTSTANDING DEBTS FROM THE PREVIOUS ACTIVITIES BEEN COLLECTED? YES NO \$ _____
AMOUNT OUTSTANDING

ESTIMATE THE FOLLOWING:

APPROXIMATE COST PER ITEM: \$ _____ ESTIMATED PROFITS: \$ _____

PERCENTAGE PROFIT: _____

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 will notify the Business 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: _____ DATE: _____

PRINCIPAL APPROVAL: _____ DATE: _____

CFO APPROVAL: _____ DATE: _____

FUND RAISING RECAP

DUE IN BUSINESS OFFICE WITHIN 4 WEEKS OF ENDING SALE DATE

TOTAL DEPOSIT: \$ _____ LESS TOTAL COST OF SALE: \$ _____

LESS – OUTSTANDING DEBTS: \$ _____ NET PROFIT: \$ _____

SIGNITURE: _____ DATE: _____

SPONSOR