

For this activity to be approved, it must have been listed on the organization's Purpose Statement. Remember to enter your requisition and have approved purchase order number before order is placed. If you need to use the gymnasium, cafeteria or any other building location, please complete a facilities request form.

DATE:		Activity Pr	Activity Program:	
Prop	osed Sales Proj			
. <u> </u>		/		
Start			Delivery Date	
		not exceed two weeks)		
	Cost of goods or service to the district			
	Estimated goods/services to be ordered			
	Total cost to h	nold event/fundraiser		
	Price organiza	ition charged per item		
	Estimated goo	ods/service to be sold		
	Total revenue	estimated to be collected		
	Estimated pro	ofit		

APPROVED BY PRINCIPAL \_\_\_\_\_

## Green Local School District Fundraiser Sales Completion

Final report at the conclusion of your fund raising activity, this report must be completed and forwarded to the building principal. Please remember to keep a copy of the report for your files.

Cost of goods or service to the district	
Actual goods/service ordered	
Actual cost of items	
Actual price organization charged per item	
Actual number of items sold	
TOTAL revenue collected(attach copies of pay-ins)	
Fundraiser profit	

Purchase Order # \_\_\_\_\_

Principal Approval \_\_\_\_\_\_ Date \_\_\_\_\_