PLEASE BE SURE TO COMPLETE ALL SECTIONS, INCOMPLETE FORMS WILL NOT BE PROCESSED. PLEASE CONTACT THE BUSINESS OFFICE WITH ANY QUESTIONS.

<u>Date</u> :
CLUB/ACTIVITY ACCOUNT:
Activity Name:
Account #:
School:
FUNDRAISING EVENT INFORMATION:
*Date(s) of Proposed Sale/Activity/Fundraiser:
NOTE: Fundraiser MUST occur during the CURRENT school year. Fundraiser forms submit for dates in future school years will not be considered.
*Please describe the type of sale/activity/fundraiser you are planning (please be specific -what are you selling, who will be buying it, when will you be selling it, where will the sale occur and what time of day?):
*What vendor will you be using (please include vendor name and address)?
*Please tell us how you will use the raised funds (please be specific – i.e. funds will be used to donate to the American Cancer Society, funds will be used to buy team jackets from Sportstuf, funds are being raised to go on a field trip to a museum, funds are being raised to support costs related to Prom for our Senior Year):
*Would you like to make this fundraiser available on MySchoolBucks.com?



OT ACCOUNTS ONLY:
*Was the proposed fundraiser initiated and approved by Club members? Please attach meeting minutes:
*Will the fundraiser require the reporting of sales tax? (i.e. are you selling or reselling an item, admission, rental, etc. that is considered taxable in NYS? Please reference the materials provided to you in your OT folder such as the Sales Tax memo, The Safeguarding, Accounting, and Auditing of Extraclassroom Activity Funds pamphlet, and/or the New York State Department of Taxation and Finance Website at https://www.tax.ny.gov/bus/st/subject.htm): *Based on your answer above, do you need a NYS Resale Certificate?

PROFIT AND LOSS STATEMENT (PROJECTED):

ESTIMATED REVENUES:

Description of Item	Quantity	Price	Quantity x Price =
		TOTAL REVENUES:	\$

ESTIMATED EXPENSES:

Description of Item	Quantity	Price	Quantity x Price =
		TOTAL EXPENSE	s: \$

ESTIMATED PROFIT:

TOTAL ESTIMATED REVENUE	\$
LESS TOTAL ESTIMATED EXPENSES	\$
=ESTIMATED NET PROFIT	\$

SIGNATURES:		
Advisor Signature:	Date:	
Building Principal/		
Department Head Signature:	Date:	
**************************************	PARTMENT ONLY***********************	
Verified By:	Date:	
	, , , , , , , , , , , , , , , , , , , ,	
School Business Official Signature:	Date:	
☐ APPROVED	□ DENIED	
Assigned Fundraiser ID #:	Reason:	
*IMPORTANT: Please reference this		
number on all deposit slips and check		
requisitions related to this fundraiser.		