

# Fund Raising Activity Request

## PROFIT AND LOST STATEMENT COMPLETE ONE FOR EACH FUNDRAISER

Name of Group: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) requested: \_\_\_\_\_ Time(s): \_\_\_\_\_

Location of Fundraiser:     On Campus     Off Campus

Description of the activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the intended use of the proceeds from this activity? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where, or how, will this activity be conducted? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE NOTE:** Requests for use of facilities (i.e.: gym, auditorium, cafeteria), require the filing of a Building Use Form. Forms need to be filed at least two(2) weeks prior to the event.

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 (person in charge)

approved    denied   \_\_\_\_\_ Date: \_\_\_\_\_  
 (Building Principal)

approved    denied   \_\_\_\_\_ Date: \_\_\_\_\_  
 (Athletic Director)

Activity Account \_\_\_\_\_

Today's Date \_\_\_\_\_

Fundraiser \_\_\_\_\_

BEGIN DATE \_\_\_\_\_ END DATE \_\_\_\_\_

	Projected (Prior)	Actual (After)
RECEIPTS	\$ _____	\$ _____
(Income)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____
(Costs)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
PROFIT		
(Receipts Minus		
Expenses)	\$ _____	\$ _____

STUDENT TREASURER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FACULTY ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CENTRAL ACTIVITY TREASURER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Complete PROJECTED when filling out fundraising request. Complete ACTUALS at the close of the fundraiser and return to Mrs. Rumsey within the week of the ending date of the fundraiser.**

\*\*When approved: Forward copy to the Central Activity Treasurer in the Business Office.