

**CROWLEY INDEPENDENT SCHOOL DISTRICT  
FUND RAISING/SALES ACTIVITY APPLICATION**

Fundraiser	<input type="checkbox"/>
Sale	<input type="checkbox"/>

Campus \_\_\_\_\_ Date \_\_\_\_\_

Club Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Beginning Date of Sale \_\_\_\_\_ Ending Date of Sale \_\_\_\_\_

**Proceeds will be used for** \_\_\_\_\_

At least 50% of each fund raiser profit must be spent on the students.

Account in which proceeds are to be deposited .....461.00.5755.49.xxx.0.99.000

Describe the Product or Activity \_\_\_\_\_

Vendor \_\_\_\_\_ Representative \_\_\_\_\_  
Company Name Phone

Address \_\_\_\_\_  
Street Address/P.O. Box Number City State Zip Code

Have all outstanding debts from previous activities been collected?  Yes \$ \_\_\_\_\_  
 No Amount Outstanding\* \_\_\_\_\_  
\*To be completed by secretary

Estimate the following:

Approximately cost per item \$ \_\_\_\_\_  
 Estimated profit \$ \_\_\_\_\_  
 Percentage Profit \_\_\_\_\_

Is this sale taxable? Yes _____ No _____
If yes, are you using this sale as one of your two tax-free sale days for this calendar year? Yes _____ No _____
Is this your 1 <sup>st</sup> or 2 <sup>nd</sup> tax-free sale to date? _____

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 further certify that I reviewed and read the Activity Fund Handbook. I will notify the Finance 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 \_\_\_\_\_ Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Sponsor Secretary/Bookkeeper

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Principal CFO or designee

FUND RAISING RECAP			
Due in Finance Department within 4 weeks of ending sale date			
Total Deposits	\$ _____	Quantity of Inventory Received	_____
Less: Total Cost of Sale (invoice)	\$ _____	Less: Inventory Sold	_____
Net Profit	\$ _____	Less: Inventory Giveaway**	_____
		Inventory Remaining	_____
		<small>**Explanation for Inventory Giveaway must be attached</small>	
Sponsor	Date		
Principal	Date	Secretary/Bookkeeper	Date