

ASB FUNDRAISING CHECKLIST

- □ Pre-approval of fundraising form back from ASB
- Parental Permission Forms (if applicable)
- Requisitions submitted
- Copy of Contract (if applicable)
- Beginning Inventory Count
- □ Inventory Check-Sheets
- □ Sales History (tally sheet, list or cash register reports)
- Ending Inventory Count
- □List of unsold merchandise
- □ List of fines (if applicable)
- □ Documentation of unsold/returned product
- \Box Final reconciliation of fundraiser



LAKE CHELAN SCHOOL DISTRICT

*Lead *

*Serve *Inspire

ASB Fundraising Approval Form

- □ ASB CLUB/SPORT
- □ GENERAL FUND
- □ ASB CHARITABLE

| A. Proposal of Fundraiser: | | Date: | | | |
|--|-----------------|---------------|-----------------|--|--|
| **Pre-approval of fundraiser must be done 2 weeks prior to event.** | | | | | |
| Group Name: Proposed fundraising activity: | | Contact Name: | | | |
| Intended Use of Funds: | | | | | |
| Estimated Revenue: \$ Estimated Expense: \$ Estimated Revenue - Estimated Expense = Estimated Profit: \$ | | | | | |
| Will the fundraiser be held for the benefit of an organization outside of our District? No. Yes. Please include name of organization | | | | | |
| Date of fundraiser: Start: | | End: | | | |
| Club/Team Representative: | | ASB Advisor: | | | |
| Club/Team Coach: | ident signature | Principal: | Adult Signature | | |
| Club/Team Coach: Ad ASB Representative: | ult signature | Club/AD: | Adult Signature | | |
| | ident signature | | Adult Signature | | |

B. Steps following Approval.

- 1. Order materials needed with approved purchase order.
- 2. Complete facility use form. (if needed)
- 3. Request cash box from CHS/CMS Main Office. (if needed)
- 4. During fundraising; monitor all cash and goods, make accurate deposits and inventory should be kept.
- 5. Obtain appropriate record keeping of funds received.
- 6. Turn in all money into CHS/CMS Main Office with appropriate deposit sheet.

** Accounting summary of fundraiser and final reconciliation on back page. **

Based upon Policies and Procedures 3510/3510P, 3530/3530P and 4120/4120P this form was developed to improve communication, mapping of fund raising activities, and ensure that our community understands and supports established and future program needs of our students and programs.

C. Accounting summary of fundraiser.

| Anticipated Revenue: (amount that should have been collected based Total Actual Revenue received: | | \$ | | |
|--|--|-----------------|-----------------|--|
| | | • |) | |
| 3. Total cost of goods sold: (your cost for items sold) | | \$ | | |
| 4. Other expenses: (decorations, supplies, etc.) | | \$ | | |
| 5. Total Expenditures: | | \$ | | |
| 6. Net Profit / Loss: | | \$ | Line 3 + Line 4 | |
| | | Line 2 – Line 5 | | |
| D. Final reconciliatio I certify that the above acc | n counting information is comp | lete and accura | te. | |
| Date: | | | | |
| Club/team representative: | | ASB Advisor: | | |
| | Student signature | | Adult Signature | |
| Club/team Coach: | | Principal: | | |
| | Adult signature | | Adult Signature | |
| ASB representative: | | Club/AD: | | |
| | Student signature | | Adult Signature | |

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