

Fundraiser Request

This form must be completed and approved PRIOR to the beginning of the sale for each fundraiser

Name of Program _____ Submission Date _____

Proposed Fundraiser _____

Company Name _____

Company Address _____

Description of Items to be Sold _____

Purpose of Fundraiser _____

Sale Beginning Date _____ Sale End Date _____

Proposed Profit

Quantity to be Purchased	
Cost per Unit Ordered	\$
Total Cost to Purchase Product (Quantity X Cost per Unit)	\$

Proposed Sale Price per Unit	\$
Total Revenue from Sale (Sale Price per Unit X Quantity Purchased)	\$

Total Proposed Profit (Total Revenue from Sale – Total Cost to Purchase Product)	\$
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Approvals:

Advisor _____ Date _____

Principal _____ Date _____

Superintendent _____ Date _____

Treasurer _____ Date _____