

BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOL DISTRICT

Request for Approval of Fundraising Event

Fundraising Report After Completion of Fundraising Event (Form SAF-104)

Date of request: _____

Building: ___ High School ___ Middle School

Date of event: _____

Name of Organization/Club: _____

Advisor's Name: _____

Type of Fundraising Activity Being Requested: _____

Name and Address of Company/Supplier of products: _____

Contact Person: _____ **Phone #** _____

Has fundraiser been used by your club before? _____

How long ago? _____

Estimated Income: _____

Estimated Profit: _____

Total number of items being ordered: _____

Signature of Club/Activity Advisor: _____

Purchase Order in Place for items ordered: _____ Purchase Order # _____

Approved: _____

Disapproved: _____ Reason: _____

Signature of Principal: _____

Signature of Fiscal Assistant: _____

REPORT TO BE COMPLETED BY ADVISOR AFTER COMPLETION OF FUNDRAISER

Number of items ordered: _____ Unit Price: _____

Total No. of Items Sold: _____ Total # of Items Returned: _____

Total Income Collected: _____ Amount of Invoice(s): _____

Total Profit Derived from Fundraiser: _____

(Date of Reconciliation)

(Signature of Advisor/Coach/A.D.
completing this reconciliation)

RETURN THIS FORM TO CINDY ADKINS @ BBHS FOR AUDIT FILE