

Fort Loramie Local Schools
SALES PROJECT POTENTIAL

Organization: _____

Proposed Sales Project: _____

Company and Address: _____

Representative: _____

Quantity to be Ordered _____ Date Sales will begin ____/____/____

Cost Per Unit: \$ _____ Date Sales will end ____/____/____

Proposed Sale Price per Unit: \$ _____

Requested by: (Signature) _____ Approved by: (Principal) _____ Date _____

Date _____ Approved by: (Superintendent) _____ Date _____

This Section to be completed when project is completed.

| | | Sale Price | | Total |
|--|---------|------------|--|----------|
| Purchases | _____ @ | \$ _____ | | \$ _____ |
| | _____ @ | \$ _____ | | \$ _____ |
| | _____ @ | \$ _____ | | \$ _____ |
| Less: | | | | |
| Returns | _____ @ | \$ _____ | | \$ _____ |
| Total to be Accounted for | _____ @ | \$ _____ | | \$ _____ |
| Total Deposited with Treasurer: \$ _____ | | | | |

Quantity Unaccounted for: _____ \$ _____
(Explain on Reverse Side)

Sponsor Signature _____ Principal _____ Date _____

Date _____ Superintendent _____ Date _____