

# Elkin High School

## FUND RAISING PROJECT



Title of Fund Raising Project: \_\_\_\_\_

Project Beginning Date : \_\_\_\_\_ Project End Date: \_\_\_\_\_  
**(Be sure to use a realistic cut-off date especially when dealing with perishable items).**

Description of Fund Raising Project: \_\_\_\_\_

Number of students and / or faculty involved: \_\_\_\_\_

For what purpose would the funds generated from this project be used? \_\_\_\_\_

Anticipated profits from this project computed as follows:

# of Items to sell: _____	# of items purchased: _____
Times Sales Price: \$ _____	Times Purchase Price: \$ _____
TOTAL \$ _____	TOTAL \$ _____
<b>TOTAL OF SALES \$ _____</b>	
<b>LESS TOTAL OF PURCHASES \$ _____</b>	
<b>ANTICIPATED PROFIT \$ _____</b>	

### APPROVED

\_\_\_\_\_  
Sponsor's Signature:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date:

**ALL FUND RAISING PROJECTS MUST  
HAVE THE PRIOR APPROVAL OF THE  
PRINCIPAL & SUPERINTENDENT**

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date:

**AFTER APPROVAL BY PRINCIPAL AND SUPERINTENDENT SEND COPIES TO:  
THE SCHOOL BOOKKEEPER, SPONSOR, AND FINANCE DEPARTMENT**

**\*\*SEE FINANCIAL REPORTING REQUIREMENTS ATTACHED\*\***



**THIS FORM IS DUE TO THE SCHOOL BOOKKEEPER  
WITHIN 10 DAYS OF THE PROJECT ENDING DATE.**

**BOOKKEEPER - Please forward this information to the finance  
department upon receipt.**

# of Items sold: \_\_\_\_\_ # of items purchased: \_\_\_\_\_

Times Selling Price: \$ \_\_\_\_\_ Times Purchase Price: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

**TOTAL OF SALES \$ \_\_\_\_\_**

**LESS TOTAL OF PURCHASES \$ \_\_\_\_\_**

**NET PROFIT (LOSS) \$ \_\_\_\_\_**

***IF ITEMS SOLD DO NOT EQUAL ITEMS PURCHASED,  
PLEASE EXPLAIN BRIEFLY ON THIS FORM***

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