



STATE OF HAWAII  
 DEPARTMENT OF EDUCATION  
 OFFICE OF FISCAL SERVICES  
 P.O. BOX 2360  
 HONOLULU, HAWAII 96804

# FORM 422 – MONEY RAISING ACTIVITY

I. School \_\_\_\_\_ School Application No. \_\_\_\_\_  
 Requested by \_\_\_\_\_ Complex Area Application No. \_\_\_\_\_  
 Place of Activity \_\_\_\_\_ Date \_\_\_\_\_  
 Program to be supported by profit from activity: \_\_\_\_\_ School Year \_\_\_\_\_  
 Gen. Excise Lic. No. \_\_\_\_\_  
 Funds will be deposited into the below Category Name/Number: \_\_\_\_\_ Date of Activity \_\_\_\_\_  
 Name \_\_\_\_\_ Number \_\_\_\_\_

Description	Estimated Amount Needed	Amount Allotted
<b>Total*</b> (Must reflect same total as IIC Net Profit)	*	*

II. Means of Raising Funds (Describe in Detail – Ticket Sales, T Shirt Sales, etc.)

A. Revenues:

Description	Anticipated Revenues	Revenues Realized
<b>Total Revenues</b>		

B. Expenditures:

Description	Estimated Expenditures	Actual Expenditures
<b>Total Expenditures</b>		
<b>C. Net Profit*</b> (A minus B)	*	*

III. Action:

Submitted By \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Officer of School Organization) (Print/Sign) (Advisor) (Print/Sign) (Date)  
 Approved By \_\_\_\_\_  
 (Principal or Vice Principal) (Print) (Signature) (Date)  
 Approved By \_\_\_\_\_  
 (Complex Area Superintendent IF (Print) (Signature) (Date)  
 anticipated revenues exceed \$25,000)

**Financial Report:** Due to District Office \_\_\_\_\_  
 (Date)

Approved By \_\_\_\_\_  
 (Principal) (Print) (Signature) (Date)  
 Approved By \_\_\_\_\_  
 (Complex Area Superintendent IF (Print) (Signature) (Date)  
 anticipated revenues exceed \$25,000)