

Goose Creek Consolidated Independent School District
FUNDRAISING ACTIVITY APPLICATION

PART 1: FUNDRAISER REQUEST

School: _____ Fund: _____ Date: _____

Purpose of fundraising activity: _____

Begin Date: _____ End Date: _____

*A recap of fundraising activity (below) **must** be submitted to the Business Office within 30 days of the conclusion of the fundraiser.*

Description of product or service: _____

Is this sale taxable? Yes No
If yes, are you using this sale as one of your two tax-free days for this calendar year? Yes No
Is this your 1st or 2nd tax-free sale to date? 1st 2nd

Vendor #: _____ Vendor Name: _____

Vendor Address: _____ City: _____ State: _____ Zip: _____

Representative Name: _____ Phone Number: _____

Current activity account balance: _____ **Have all amounts from previous fundraisers been collected?**
 Yes No **Amount outstanding:** _____

Estimated Amount to be raised: Total Sales: _____ - Total Expenses: _____ = Est. Profit: _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the bookkeeper. I further certify that I will adhere to the Sponsor Fundraising Checklist and that I have signed the Responsibilities of Faculty Sponsors of Student Groups Acknowledgement form. I will notify the Business Office promptly of all outstanding debts (student or otherwise) so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my responsibility.

Sponsor Information

Approvals

Printed Name: _____ Principal (or designee): _____

Signature: _____ Business Office: _____

PART 2: RECAP OF FUNDRAISING ACTIVITY

Actual Amounts: Total Sales: \$ _____ - Total Expenses: \$ _____ = Total Profit: \$ _____

If difference between estimated and actual amounts is less than or greater than \$500, please explain the reason below:

Inventory Recap (if applicable): Quantity of Inventory Received: _____ (# of items received)
Less Inventory Sold: _____
*Less Inventory Giveaway: _____
Inventory Remaining: _____

* Explanation for Inventory Giveaway: _____

I certify that the above recap is an accurate accounting of the fundraising activity described in Part 1 of this form

Sponsor Signature: _____ Date: _____

Upon completion of this form, please submit 1 copy to your campus principal, submit 1 copy to Business Services and retain 1 copy for your records.