West Ranch High School

Fundraising Request Form

ORGANIZATION/CLUB:_____ ADVISOR:_____

NAME OF FUNDRAISER:_____

DATE (S) OF FUNDRAISER____/____/____ TO ____/____/____

☐ On Campus Sales ☐ Off Campus Sales Location:_____

INTENDED USE FOR FUNDS RAISED_____

_____

Estimated Revenue Potential:		**Amount**
Projected Sales:		_____
Projected Cost:		_____
Projected Gross Income:		_____
Estimated Expenses:		_____
Potential Net Profit:		_____

Compare Sales to Potential:	**Units**	**Total**
Actual Sales:	_____	_____
Less Projected Sales:	_____	_____
Difference:	_____	_____

Explain Difference:_____

_____

Net Profit Summary:	**Units**	**Total**
Actual Sales:	_____	_____
Actual Cost less Returns:	_____	_____
Other Expenses:	_____	_____
Net Profit:		_____

APPROVALS

Club Officer:	Signature:_____	Date:_____
Club Advisor	Signature:_____	Date:_____
Activities Director	Signature:_____	Date:_____
Administrator	Signature:_____	Date:_____

For Bookkeeper to Record:

Total Net Cost: _____ **Check Number:** _____