

West Valley School District # 208 ASB

ASB Bookkeeper: _____
FY: _____ Item # _____

ASB Club/Athletics ASB Charitable General Fund Booster Group

Fundraiser Request Approval/Recap Report

School: _____ Group Name: _____ ASB Account # _____
(if ASB group)

Contact to email approval or Qs:

PRE-APPROVAL

FUNDRAISER INFORMATION:

Describe your fundraiser: _____

Company you are working with/Vendor for goods you are selling? Attach contract/quote/info.

Intended Use of Proceeds: _____

Estimated Revenue: \$ _____ Estimated Expenses: \$ _____

Estimated Profit: \$ _____ Other Fundraiser Details: **IN-OUT? Y or N**

Dates for Fundraiser: _____

Used for Fndrsr Calendar, be specific, please!

Team/Club Leader: (student) _____ ASB Bookkeeper (Staff): _____
Signature/Date Signature/Date

Team/Club Advisor: (Staff) _____ **Principal:** _____
Signature/Date *Pre-Approval* Signature/Date

Student Leadership: (Student) _____ ASB Director: _____
Signature/Date Signature/Date

RECAP OF FUNDRAISER

ACCOUNTING SUMMARY OF FUNDRAISER: *complete at conclusion of fundraiser*
(not required for BOOSTER Groups)

Total Actual Revenue: \$ _____ Total Expenses: \$ _____

Net Profit: \$ _____

Explanation of any variance: _____

Checklist for fundraiser documentation: *(include all information in the folder)*

- 1. Completed Approval/Recap Report
- 2. Master Inventory List
- 3. Tally Sheets or Check Out Sheet(s)
- 4. Transmittal Form/Deposit Comp
- 5. InTouch Revenue Summary by Accounts
- 6. Copies of Itemized Invoices
- 7. Copy of approved ASB minutes
- 8. *Any information* that pertains to the Fundraiser!
- 9. Parental Permission
- 10. School PO Request form
- 11. Approved Purchase Order Copy

PROCEED TO PAGE 2

FINAL APPROVAL

FINAL APPROVAL OF RECONCILIATION:

I hereby certify the above accounting information is complete and accurate.

Club/Team Student: _____ ASB Treasurer: _____
Signature/Date Signature/Date

Club/Team Advisor: _____ ASB Advisor: _____
Signature/Date Signature/Date

PROJECT / SALES EVALUATION

Evaluation completed by: _____

Project Chariperson(s): _____

How would:

you rate this project?	<i>Outstanding</i>	<i>Good</i>	<i>Needs Improvement</i>
students rate this project?	<i>Outstanding</i>	<i>Good</i>	<i>Needs Improvement</i>
faculty rate this project?	<i>Outstanding</i>	<i>Good</i>	<i>Needs Improvement</i>

List all the things about the project you would do again:

List all the things about the project that should be changed next year:

List any special recommendations or ideas for next year's committee:

Please list all the people, businesses or groups that should be thanked for their part in this project.

Place this "form" back into the folder and submit to ASB for Audit!