APPLICATION/FINAL REPORT FOR FUND RAISING ACTIVITY

CAMPUS _____

CLUB: _____ **SPONSOR:** _____

Tax Free Sales Day: □ Yes □ No **Date Requested:** 1st Choice _____

If yes, 1st or 2nd Tax Free Day?_____ 2nd Choice _____

Type of Activity	Source of Merchandise	Purpose of Funds	Goal ($)

Fundraiser Number _____

□ APPROVED □ NOT APPROVED

Date Scheduled: _____

_____
Sponsor's Signature Date

_____ _____
Principal's Signature Date Bookkeeper's Signature Date

FINAL REPORT

DEPOSITS			**EXPENSES**			
DATE	RECEIPT #	AMOUNT	DATE	CHECK #	PAID TO	AMOUNT
	TOTAL				**TOTAL**	

NET PROFIT (Total of deposit - expenses):_____

_____ _____
Principal's Signature Date Bookkeeper's Signature Date

_____
Sponsor's Signature Date