

OTTAWA-GLANDORF SCHOOLS

**FUND RAISER
REQUEST FORM**

Board approval necessary prior to project.

APPROVAL

Today's Date _____

Organization _____ Proposed Sales Project _____

Opening Day of Activity _____ Closing Day of Activity _____

Reason for Project _____

Estimated Profit of Project _____ Company _____

Item(s) to be Ordered _____ Quantity to be Ordered _____

Cost Per Unit _____ Proposed Sale Price per Unit _____

Advisor Signature _____ *Date* _____

Principal/Dean of Students Approval _____ *Date* _____

Board Approval _____ *Date* _____
Superintendent

CLOSING REPORT

Complete this section when project is finished and return to Superintendent's Office.

Please Note: *Additional paperwork may be requested by state auditors to support the amounts indicated below.*

RECEIPTS

Total Deposited with Treasurer \$ _____

EXPENSES

Purchases \$ _____

Less Returns \$ _____

Miscellaneous \$ _____

Total Expenses \$ _____

PROFIT \$ _____

Please list any items that may be unaccounted for (please explain) _____

Total Value of Unaccounted Items (if any) \$ _____

Advisor Signature _____ *Date* _____