

**QUITMAN INDEPENDENT SCHOOL DISTRICT
FUND RAISING/SALES ACTIVITY APPLICATION**

Fundraiser	<input type="checkbox"/>
Sale	<input type="checkbox"/>

PLEASE COMPLETE ALL SPACES ON TOP HALF AND SUBMIT TO CAMPUS PRINCIPAL

Campus _____ Date _____

Club Name _____ Sponsor _____

Beginning date of sale _____ Ending date of sale _____

Describe the purpose of this sale _____

Describe the product or activity _____

Vendor _____ Representative _____

Company Name

Phone

Address _____

Street Address/PO Box Number

City

State

Zip

Have all outstanding debts from previous activities been collected? Yes \$ _____
No (amount outstanding) _____

Estimate the following:

Approximate cost per item \$ _____

Estimated profit \$ _____

Percentage profit \$ _____

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

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 campus secretary. I will notify the Business Office promptly of all outstanding debts 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 personal responsibility.

FUND RAISING RECAP

Due in Business Department within 4 weeks of ending sale date

Total Deposits \$ _____ Quantity of Inventory Received _____
(each item)

Less: total cost of sale (invoice) _____ Less: Inventory Sold _____

Net profit _____ Less Inventory Giveaway** _____

Inventory Remaining _____

**Explain reason for giveaway _____

Sponsor _____ Date _____

I certify that the amount indicated as gross sales has been deposited into account number _____

Principal _____ Date _____

Campus Secretary _____ Date _____