Minford Local School District

Fundraiser Request Form

Today's Date: _____ Group: _____

Submitted by: _____

Proposed Sales Project:

_____

_____

Company Name & Address (that items are being purchased from):

_____

_____

Cost Per Unit: $_____ Sale Price Per Unit: $_____Quantity Ordered: _____

Pre-Approval for Fundraiser (Must be turned in before any fundraising begins):

Requester Signature: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent: _____ Date: _____

Treasurer: _____ Date: _____

After completing the fundraiser, resubmit this form with the bottom portion completed:

Total Quantity Sold: _____ Total Sales Value: $_____

If Profit: $_____ If loss, how much? $_____

Final Project Approval:

Requester Signature: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent: _____ Date: _____

Treasurer: _____ Date: _____