

FAIRPORT HARBOR SCHOOLS
OFFICE OF THE TREASURER
REQUEST FOR FUNDRAISER

Student Activity Program: _____

Proposed Sales Projector: _____

Duration of Fundraiser: _____

Vendor: _____

Vendor Address: _____

Items to be ordered: _____

Quantity: _____ *Unit Cost:* _____

Proposed Sales Price: _____ *Estimated Profit:* _____

Profit to be used for:

Requested by: _____ *Date:* _____

Principal Approval: _____ *Date:* _____

Superintendent Approval: _____ *Date:* _____

Treasurer Approval: _____ *Date:* _____

Board Approval Date: _____

Reverse side to be completed when fundraiser has been completed.

Number of items ordered: _____

Cost of items ordered: _____

Number of items sold: _____

Sale Price of items: _____

Total Sales: _____

Net Profit or Loss: _____

Amount Deposited with Treasurer: _____

Signature of Advisor

Date

Signature of Principal

Date