PROJECT APPLICATION

Organization: _____

Proposed project: _____

Beginning date: _____   Ending date: _____

Estimated expenses: $_____   Estimated receipts: $_____

_____   _____
Sponsor's Signature   Date   Principal   Date

_____   _____
Superintendent   Date   Treasurer or representative   Date

****

THIS PORTION IS TO BE COMPLETED WHEN THE PROJECT IS FINISHED.

DEPOSITS   **EXPENDITURES**

DATE OF DEPOSIT	AMOUNT	PURCHASE ORDER #	AMOUNT
(1) TOTAL DEPOSITS	$	(2) TOTAL PAID	$

PROFIT   (1-2) $_____

Were there any students who did not turn in their money and did not return the merchandise? If so, using the reverse side of this form, please list their names and give an explanation as to what you have done to try to collect that money or merchandise.

_____   _____
Sponsor's Signature   Date   Treasurer's Office Verification   Date

Revised 11/04