

**BISHOP UNIFIED SCHOOL DISTRICT  
APPLICATION FOR FUNDRAISER APPROVAL**

Please Print On: Pink Paper for High School OR White Paper for K-8

Any money coming into your organization is a FUNDRAISER and requires prior approval. This includes requesting donations/sponsorships from community, organizations, clubs, or individuals. Any FUNDRAISING must be reviewed by Administration. Failure to submit this application may result in the loss of funds.

**ADMINISTRATIVE APPROVAL -- Please Plan For Routing Time**

**MUST completed a Potential Net Profit ( District Office will be glad to help you 760-872-3680)**

District Office: \_\_\_\_\_ District Approval \_\_\_\_\_ Approval Date \_\_\_\_\_

School Site: (Check One)       <BUHS       <PGHS       <HSMS       <Elm/Pine

Athletics: \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_  
Athletic Director      Date

School: \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_  
School Site Principal      Date

District: \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_  
Superintendent      Date

ASB: \_\_\_\_\_ Approval: \_\_\_\_\_ Denial: \_\_\_\_\_  
ASB Advisor      Date

Date: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_

Responsible Person/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Description of Proposed Fundraiser: \_\_\_\_\_

Date(s) of Sale: \_\_\_\_\_ Location of Sale: \_\_\_\_\_

(All sales must be placed on ASB master calendar even if the sale is off campus)

Purpose of Fundraiser: \_\_\_\_\_

Club Advisor Signature \_\_\_\_\_

Club Student Signature \_\_\_\_\_

Advisor: You must also complete Section 1 of the ATTACHED Potential Net Profit form prior to approval. Section 2 must be completed and submitted to the District Office upon completion of the fundraiser.

The club/person(s) named above agree to hold the Bishop Unified School District, its Board of Trustees, the individual members thereof, and all district officers, agents and employees free and harmless from such loss, damage, liability, cost or expense that may arise during or be caused in any way as relates to the above-named fundraising activity

# BISHOP UNIFIED SCHOOL DISTRICT

## Potential Net Profits from Fundrasier

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### SECTION 1 BEFORE the Activity begins, RECORD this basic information:

- 1 **Purchases/Cost (Expenses)** \_\_\_\_\_  
 (Purchase Order is required- So Complete and use that total)  
 ( Remember to included-Shipping, Printing, Sales Tax etc)
- 2 **# of Items Purchased** \_\_\_\_\_  
 (Information should be on Purchase Order Request)
- 3 **Cost Per Item** \_\_\_\_\_  
 (Take total cost and divide by number of items)
- 4 **Selling Price (Each)** \_\_\_\_\_  
 (What are you going to charge for each item)
- 5 **Estimate Total Sales** \_\_\_\_\_  
 (Take number of items time selling price)
- 6 **Net Profit ( Loss)** \_\_\_\_\_  
 (Total Sales less total costs)

### SECTION 2 DURING and AFTER the Activity, RECORD the monies collected:

Return this completed portion to the District Office to finalize fundraiser.

#	_____	SOLD	@\$	_____	=\$	_____	Receipt #	_____
#	_____	SOLD	@\$	_____	=\$	_____	Receipt #	_____
#	_____	SOLD	@\$	_____	=\$	_____	Receipt #	_____
#	_____	SOLD	@\$	_____	=\$	_____	Receipt #	_____
#	_____	SOLD	@\$	_____	=\$	_____	Receipt #	_____
#	_____	Total Sold			\$	_____	Total \$ Collected	

Compare Sections 1 and 2. Was enough money collected to meet your Net Profit? If not, explain differences below. For example: Did some of the items go unsold? If so, these items should be given back to the advisor. Did any items get lost or stolen? If so, give a list of the lost or stolen items to the advisor.

Total \$ Collected \_\_\_\_\_ Less Total Expenses \_\_\_\_\_ Equals=Net Profit/Loss \_\_\_\_\_

Explanation: (Are you getting Donations/Where are you purchasing item or supplies/etc.)

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