

*South Central Local Schools*

**SALES PROJECT POTENTIAL FORM**  
**STUDENT ACTIVITY FUNDS**

**Student Activity Account** \_\_\_\_\_

**Description of Fund-Raiser** \_\_\_\_\_

Company/Vendor \_\_\_\_\_  
Company Address \_\_\_\_\_  
\_\_\_\_\_

**Social Security #/Tax ID #** \_\_\_\_\_

**Date(s) of Fund-Raising Activity** \_\_\_\_\_

Estimated Profit        \_\_\_\$ \_\_\_

Proposed Expenditures    \_\_\_\$ \_\_\_

*Please turn in a breakdown of profit and expenses  
immediately following your Fundraiser to the Activity Clerk.*

\_\_\_\_\_  
Advisor/Coach Signature                      Principal Signature                      Date

\_\_\_\_\_  
Date    Treasurer Signature                      Date

\_\_\_\_\_  
Superintendent Signature                      Date

**South Central Student Activities  
Fund-Raising Project  
Statement of Income and Expenses**

Student Activity Account \_\_\_\_\_  
 Description of Fund-Raiser \_\_\_\_\_  
 Company/Vendor(if applicable) \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Signature of Advisor/Coach \_\_\_\_\_ Date \_\_\_\_\_

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*Income:*

Deposits Collected		
Date	Amount of Deposit	Receipt Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Receipts		_____

If needed, please obtain additional Fund-Raising breakdown forms from Activity Clerk.

*Expenditure:*

Purchases \_\_\_\_\_  
 Other Expenses (Shipping, Handling, Taxes) \_\_\_\_\_  
 Total Expenditure \_\_\_\_\_

*Less:*

Quantity Returned (if applicable) \_\_\_\_\_

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*Recap:*      Gross Profit \$ \_\_\_\_\_  
                  Expenditures \$ \_\_\_\_\_  
                  Net Profit    \$ \_\_\_\_\_

Completed form must be on file in Activity Clerk's office **immediately** following Fund-Raiser