

**Tyler Independent School District
Fundraising/Charitable Donations to Others/Sales Activity Application**

Please Note: This form must be completed in ink.

Fundraiser-3 Allowed	1	2	3
Sale			
Donations			

Campus: _____

Date: _____

Club name: _____

Sponsor: _____

Beginning date of sale: _____

Ending date of sale: _____

Describe the purpose of the sale: _____

Describe the product or activity: _____

Vendor Name: _____

Representative: _____

Address: _____

City/State/Zip: _____

Have all outstanding debts from previous activities been collected? Yes \$ _____
 No Amount Outstanding*

*To be completed by secretary/accountant

Estimate the following:
 Approximate cost per item \$ _____
 Estimated profit \$ _____
 Percentage profit _____

Is this sale taxable?	Yes _____	No _____
If yes, are you using this sale as one of your two tax-free sale days for this calendar year		
	Yes _____	No _____
Is this your 1st or 2nd tax-free sale to date? _____		

I certify that I will exercise strict control over all products in my possession and will remit all collections per district policy to the secretary/accountant. I further certify that I read the sponsor supplement and signed the Responsibilities for Activity Fund Sponsors Acknowledgement form. I will notify the campus secretary/accountant promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by: _____
 Sponsor _____ Date _____

Campus: _____
 Campus Secretary/Accountant _____ Date _____

Approved by: _____
 Principal or Designee _____ Date _____

Approved by: _____
 Athletic Director or Designee (athletics events only) Date _____

Fundraising Recap

Due to Campus Secretary/Accountant within 4 weeks of ending sale date

Total Deposits \$ _____
 Less: Total cost of sale \$ _____
 Net profit _____
 Activity Fund Accounting
 Balance @ End of Sale \$ _____

Quantity of Inventory Received _____
 Less: Inventory Sold _____
 Less: Inventory Giveaway** _____
 Inventory Remaining _____

**Explanation for Inventory Giveaway must be attached.

Sponsor _____ Date _____

Principal or Designee _____ Date _____

Campus Secretary/Accountant _____ Date _____