

# DILLEY ISD FUNDRAISING/SALES ACTIVITY APPLICATION

Please Note: This form must be complete in blue ink.

- ☐ Fundraiser  
☐ Sale

Campus \_\_\_\_\_ Date \_\_\_\_\_

Club Name \_\_\_\_\_ Sponsor \_\_\_\_\_

Beginning date of sale \_\_\_\_\_ Ending date of sale \_\_\_\_\_

Describe the purpose of this sale \_\_\_\_\_

Describe the product or activity \_\_\_\_\_

Vendor \_\_\_\_\_ Representative \_\_\_\_\_

Company Name

Phone

Address \_\_\_\_\_

Street Address/P.O. Box Number

City

State

Zip

Have all outstanding debts from previous activities been collected?

☐ Yes \$ \_\_\_\_\_

☐ No

Amount Outstanding\*

\*To be completed by secretary/bookkeeper

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 2<sup>nd</sup> tax-free sale to date? \_\_\_\_\_

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/bookkeeper. I further certify that I reviewed and read the sponsor supplement and signed the Responsibilities of Faculty Sponsors of Student Groups Acknowledgement form. I will notify the Accounting Office 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

Approved by \_\_\_\_\_ Approved by \_\_\_\_\_

Principal

Date

Superintendent

Date

## FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sale date

Total deposits \$ \_\_\_\_\_  
(each item)

Quantity of Inventory Received \_\_\_\_\_

Less: Total cost of sale (invoice) \$ \_\_\_\_\_

Less Inventory Sold \_\_\_\_\_

Net Profit \_\_\_\_\_

Less Inventory Giveaway \*\* \_\_\_\_\_

Inventory Remaining \_\_\_\_\_

\*\* Explanation for Inventory Giveaway must be attached

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_

Secretary/Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_