

THE SCHOOL DISTRICT OF PALM BEACH COUNTY **ACCOUNTING SERVICES**

Fundraising Application/Recap

INSTRUCTIONS: This form must be completed by the activity sponsor, approved by the principal, and submitted to the treasurer for account assignment before any activity is started. The treasurer will file the original Fundraising Application/Recap form and give a copy to the sponsor after assigning a fundraising account to the activity. Upon completion of the activity, the sponsor will obtain any relevant documents and forms from the treasurer as required: beginning inventory/resales/sales data; Master Ticket Seller Report (PBSD 0158), general ledger report, and Transfer Requisition (PBSD 0168). The sponsor will use those documents to complete the ACTUAL SALES column of this form. Attach a Sales Item Inventory Report (PBSD 0182) to this form and submit both completed forms to the treasurer. Sponsors are advised to retain a copy for their records.

| School # | School | | Sponsor Name | |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------|-------------------------------------------------------------|
| Sponsor's Account Name | | | Primary Account Number | |
| ¹ If resale ir ² All tickets | le: Resale ¹ Admissions ² oming inventory on goods received. Includes the sale of food, sponsor must promust be pre-printed, pre-numbered, and to Inventory Register (PBSD 0160). | Services or Do | of this application to the Healthy S | School Team Leader. and inventoried on the Prenumbered |
| B. Description of activity: | | | | |
| C. Time of da | ay food sold for each day sold: | | | |
| D. Specific us | se of profit: | | | |
| E. Date sales | s begin: | Date sales end: | | |
| | | | MATED SALES (APPLICATION) omplete prior to fundraiser | B. ACTUAL SALES (RECAP) complete after fundraiser is closed |
| Total Sales Basis for estima | | | | |
| Cost of Sale Basis for estima | s (must include sales tax) te: | | | |
| 3. Other Costs Itemize (printing, | security, prizes, etc.): | | | |
| 4. Net Profit (lir | ne 1 minus lines 2, 3) | | | |
| 5. Amount Over/Under Estimated Profit (Column B line 4 minus Column A line 4) | | | | |
| Explanation of | of line 5 | | | |
| | familiar with the fundraising regulation the Fundraising training for Teachers/Spo | | | for the collections involved. |
| Principal Appro | oval Signature | Date | Account Number Assigned to This | Fundraising Activity |
| School Treasu | rer Signature | Date | Recap Verified by Treasurer Signa | Date Date |