Wilkinson County School District
Fundraiser Request/Reconciliation Form

FOR OFFICE USE ONLY
Fundraiser Number
Organization Code:2027_____

School Name _____ **Organization/Club** _____

THE FOLLOWING IS TO BE COMPLETED BEFORE THE FUNDRAISING PROJECT IS APPROVED

Name of Club or sponsoring organization _____

Name of faculty sponsor _____

Type of fund raising project _____

Company/Vendor name (if applicable) _____

Proposed Start Date _____ Proposed ending date _____

	PROJECTED
A. Number of units to be ordered	_____ (A)
B. Proposed sales price per unit or ticket	_____ (B)
C. Anticipated sales from the project (A times B)	_____ (C)
D. Estimated total cost of all units	_____ (D)
E. Anticipated profit (C minus D)	_____ (E)
F. Proposed use of profit _____	_____ (F)

ALL SIGNATURES ARE REQUIRED BEFORE COMMENCING ANY STUDENT FUND-RAISING ACTIVITY

Requested By: _____ Date: _____
Name of Person Responsible for Funds Collected

Approved ( ): _____ Date: _____
Denied ( ): Principal

Approved ( ): _____ Date: _____
Denied ( ): Business Manager

Approved ( ): _____ Date: _____
Denied ( ): Superintendent

RECONCILIATION SECTION

THE FOLLOWING SHALL BE COMPLETED AFTER THE FUNDRAISING PROJECT HAS ENDED

	ACTUAL		
	No. of Units	**Sales Price**	**Dollar Value**
G. Total units received from the vendor	_____ (G)		
H. Less units returned to the vendor	_____ (H)		
I. Units retained by the school. (G minus H)	_____ (I)		
J. Less units still on hand. (Inventory)	_____ (J)		
K. Less units given away as prizes or awards	_____ (K)		
L. Total units available for sale and their value	_____ **X**	$ _____ =	$ _____ (L)
M. Less funds not collected on units sold.			_____ (M)
N. Less lost, stolen, damaged or spoiled units.	_____ **X**	_____ =	_____ (N).
O. Net Sales (L minus M minus N)			_____ (O).
P. Donations/other adjustments. Explain _____			_____ (P).
Q. Actual funds collected. (O plus or minus P) Was this turned in to the office?_____ If not, indicate amount turned and and explain. _____			_____ (Q).
R. Cost of all items in (I) above including taxes, shipping and etc.			_____ (R).
S. Profit or (loss) on this project (Q minus R)			_____ (S).

Reconciled by: _____ Date: _____
Reconciler/Sponsor

Approved By: _____ Date: _____
Principal