

*THIS SIDE OF FORM IS TO BE COMPLETED AND TURNED IN WITHIN ONE WEEK OF COMPLETION OF FUNDRAISER

RECEIPT DATES: AMOUNT: RECEIPT DATES: AMOUNT:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(attach piece of paper if need additional space) TOTAL RECEIPTS:\$ _____

EXPENSES DATE: CHECK #: AMOUNT:

_____	_____	_____
_____	_____	_____
_____	_____	_____

(attach piece of paper if need additional space) TOTAL EXPENSES:\$ _____

ACTUAL PROFIT:\$ _____ (Explain if short from anticipated profit _____)

UNSOLD ITEMS (explain disposition of items remaining): _____

Sponsor Signature _____

Principal _____

Date Fundraiser Completed: _____

Date: _____

*Charitable Gaming (to be indicated by Bookkeeper)

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL FORM

PENDLETON COUNTY HIGH SCHOOL
ACTIVITY ACCOUNT _____

NAME OF FUNDRAISER _____
Today's Date _____

PURPOSE OF FUNDRAISER (be specific): _____

TOTAL # OF ITEMS BEING SOLD (if applicable): _____

ANTICIPATED PROFIT AMOUNT: \$ _____

DATE(S) SCHEDULED: _____

NAME(S) OF ADULT SPONSORS/SUPERVISORS/BOOSTERS ASSISTING: _____

APPROVALS:

Athletic Director Signature (if an athletic group): _____ Date: _____

Principal Signature: _____ Date: _____

Superintendent Signature (if applicable): _____ Date: _____

*complete side 2 as fundraiser is taking place