

St. Lucie Public Schools

Activity Fundraiser Request & Profit And Loss Statement

Request

School: \_\_\_\_\_ Date: \_\_\_\_\_

Class/Club/Organization: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Fundraiser Name: \_\_\_\_\_

Fundraiser Date(s): \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Brief description of activity with financial details: \_\_\_\_\_

Profit is to be used for: \_\_\_\_\_

Expected Profit to be earned is: \$ \_\_\_\_\_ Internal Account #: \_\_\_\_\_

Check all that apply and include description:

' [ ] Service Provided \_\_\_\_\_

' [ ] Product Sold \_\_\_\_\_

' [ ] Sales Tax Paid [ ] Yes [ ] No

Note: For any items resold, sales tax must be paid on the total amount the school pays for the items. The sales tax can be paid directly to the vendor when the items are purchased or remitted to the District Accounting Office

Teacher/Sponsor: \_\_\_\_\_

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

Principal/Designee

Date

Reconciliation

Profit and Loss

Beginning Account Balance (1)	\$ _____
Total Revenue (2)	\$ _____
Less Expenses (3)	\$ _____
Ending Balance (1) + (2) - (3)	\$ _____

Total Profit / Loss

I hereby certify that this report is true and accurate.

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

White: Bookkeeper/Exec. Secretary

Canary: Teacher/Sponsor/Organization