

St. Lucie Public Schools

Activity Permit / 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

Total Revenue (1) \$ _____

Less Expenses (2) \$ _____

Ending Balance (1) - (2) \$ _____

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

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