

**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
SCHOOL INTERNAL FUNDS
FUNDRAISING REQUEST/RECONCILIATION**

Instructions: Prior to commencement of all fund raising activities the principal's authorization must be obtained.
Complete Section I of this form for authorization.

Section I - Authorization

Food Sale Non-Food Sale

Date(s) of Sale/Event: _____

Organization & Sponsor: _____

Purpose (How will the funds/profit be used?): _____

Item(s) to be sold: _____

Estimate of Profit: _____ Estimate of Cost: _____

Description of how sale/activity is to be conducted: _____

Fund raising items to be purchased from:
Vendor _____ Telephone # () - _____

Principal's Authorization: _____ Date: _____

Instructions: Upon completion of the fund raiser a reconciliation of related receipts must be made.
Complete Section II of this form for reconciliation

Section II - Reconciliation

Revenue:	
Selling Price (per unit)	\$ _____
Units Sold	_____
Total Sales	\$ _____
Cost of Goods Sold:	
Purchases	\$ _____
Plus: Shipping	_____
Plus: FL Sales Tax	_____
Less: Credits/Returned	_____
Cost of Goods Sold	- \$ _____
Net Profit	\$ _____

Date Completed: _____

Purchase Order # _____ P.O. Date _____
Invoice # _____ Check Number: _____

Comments _____

(List any student not returning money or product(s) and amount(s) or any modifications above.)

Procedures: I attest that I have: 1) Kept separate, accurate records 2) Turned all money into the bookkeeper daily, noted all checks received and which student remitted them 3) I, as sponsor, was responsible for all aspects of sales/activity.

Sponsor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____