

**Fund Raising Activity Request Form
Activity Funds Plan and Report**



Today's Date: 08/29/14

Complete one form for each activity your class/club/organization is planning.

Class/Club/Organization making request: JH Music Department

The above group is requesting permission to conduct the following activity in compliance with the extra-curricular activity procedures, regulations and policies of the **Homer Central School District**. All receipts and disbursements of funds will be made in accordance with the **Homer Central School District** procedures, regulations and policies.

Activity Planned: Cherrydale Frozen Foods

Indicate one: Fund raising Service Project Other

Activity Dates: Begin 10/01/14 End 10/17/14 Subject to Sales Tax: Yes No

		Projected (Prior)	Actual (after)
Expenses (Costs)	1. <u>Food Cost</u>	\$ <u>6,000</u>	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____
	5. _____	\$ _____	\$ _____
Receipts (Income)	1. <u>Food Gross</u>	\$ <u>9,000</u>	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
Profit (Receipts minus Expenses)		\$ <u>3,000</u>	\$ _____

The student officers of the above names Class/Club/Organization understand the above activity and assume responsibility for its fiscal conduct.

Faculty Advisor: John W. Melin (Signature) Date: 8/29/14

Student Treasurer: Madelyn Kilmer (Signature) Date: 8/29/14

Approved Denied
Principal – Chief Faculty Advisor: Kealeb (Signature) Date: 8/29/14

***After the activity/sale: 1. Record actual expenses, receipts and profit
2. Record on the back of this form names of students who did not turn in the \$
3. Give a copy of this form to the Central Treasurer