

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

Today's Date: 9/01/17

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

Class/Club/Organization making request: JH Music

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 Food Sale

Indicate one:  Fund raising     Service Project     Other

Activity Dates: Begin 9/27/17 End 10/13/17 Subject to Sales Tax:  Yes  No

		Projected (Prior)	Actual (after)
Expenses (Costs)			
	1. <u>Frozen Food Expense</u>	\$ <u>8000.00</u>	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____
	5. _____	\$ _____	\$ _____
Receipts (Income)			
	1. <u>Frozen Food Income</u>	\$ <u>14000.00</u>	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
Profit (Receipts minus Expenses)		\$ <u>6,000.00</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. Melvin (Signature) Date: 9/01/17

Student Treasurer: Catherine G. Berz (Signature) Date: 9/06/17

Approved     Denied  
Principal - Chief Faculty Advisor: [Signature] Date: 9/1/17

- \*\*\*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