

Fundraising Request Form

Fundraising Request Forms must be accompanied by a Revenue Potential Form. Fundraising Request Forms received without the Revenue Potential Form will not be processed.

Name of Advisor/Coach/Contact Person	
Name of Program	
Phone #/Extension	
Dates Requested (two weeks maximum)	
Name of Vendor	
Cost per item	
Type of items to be sold (Please attach an advertising flyer if available!)	

For Official ASB Use Only

Approved
 Not Approved

Reason _____

Options _____

Approved by: _____ Date: _____
 ASB Fundraising Commissioner

REVENUE POTENTIAL FORM

GROUP ADVISOR _____ ACTIVITY DATE _____

EXPECTED	ACTUAL	DIFFERENCE
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REVENUE

A) QUANTITY X PRICE _____ x _____ \$ _____

eg Candy or Ticket Sales

B) OTHER REVENUE

DONATIONS	\$ _____	\$ _____
SALE OF ADS	\$ _____	\$ _____
OTHER	\$ _____	\$ _____

LESS:

C) ITEMS UNSOLD

QUANTITY X PRICE _____ x _____ \$ _____

D) NET REVENUE (A+B-C)

\$ _____ \$ _____ \$ _____

EXPENSES

E) PRODUCT COSTS

QUANTITY X COST _____ x _____ \$ _____

F) OTHER COSTS

FREIGHT	\$ _____	\$ _____
TAX	\$ _____	\$ _____
ADVERTISING	\$ _____	\$ _____

G) TOTAL EXPENSES (E+F)

\$ _____ \$ _____ \$ _____

TOTAL PROFIT (D-G)

\$ _____ \$ _____ \$ _____

SIGNATURE _____ DATE _____