



Fundraising/Activity Form

ASB ASB Charitable General Fund

REC'D SEP 22 2025

A. Proposal: Pre-Approval of Fundraiser (at least TWO weeks prior to fundraiser)

School: <u>Pullman High School</u>	Group Name: <u>PHS DECA</u>	Account #: <u>6001</u>
Proposed Fundraising Activity: <u>Dig-to-Donate</u>		
Intended Use of Proceeds: <u>donated to Lauren McCluskey Foundation</u>		
Estimated Revenues: \$ <u>\$800.00</u>	Estimated	<u>0</u>
Expenses: \$ Estimated Revenues - Estimated Expenses = Estimated Profit: <u>800.00</u>		
Will the fundraiser be held for the benefit of an organization outside the district? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please attach a copy of the name, address and phone number of the organization.		
Dates of the Fundraiser: Start: <u>11/17/25</u> End: <u>12/5/25</u>		
Team/Club Leader (student): <u>Washington 9/11/25</u> <small>(Signature & Date)</small>	ASB Bookkeeper (staff): <u>J. J.</u> <small>(Signature & Date)</small>	
Coach/Club Advisor (staff): <u>Wells 9/16/25</u> <small>(Signature & Date)</small>	Principal's Pre-Approval: <u>[Signature]</u> <small>(Signature & Date)</small>	<u>9-17-25</u>
Student Leadership (student): <u>Amber Wang 9/11/25</u> <small>(Signature & Date)</small>	Activity Coordinator: <u>Debbie Crabtree</u> <small>(Signature & Date)</small>	

B. Steps Following Approval: Request must be approved BEFORE event can take place.

1. Order all needed materials or supplies with a Purchase Order through the Bookkeeper.
2. If needed, complete a Contract with vendor after obtaining Purchase Order approval.
3. Request a cash-box from the ASB Bookkeeper (if needed).
4. Conduct fundraiser, monitoring all cash and goods. Inventory should be kept for goods being sold.
5. Obtain appropriate record keeping forms from ASB Bookkeeper (all forms must accompany money).
6. Turn all money INTACT into ASB Bookkeeper for deposit. **Do not take expenses from money collected.**

C. Accounting Summary of Fundraiser (Reconciliation)

1. Estimated Revenue (from section A above):	\$
2. Total Actual Revenue Received (amount you should have collected based on actual sales)	\$
3. Total Cost of Goods Sold (your cost for items sold)	\$
4. Other Expenses (decorations, supplies, etc.)	\$
5. Total Expenditures	\$
		<small>(line 3 plus line 4)</small>
6. Net Profit (loss)	\$
		<small>(line 2 less line 5)</small>

D. Final Approval of Reconciliation

I hereby certify that the above accounting information is complete and accurate:

Team/Club Leader (student): _____ <small>(Signature & Date)</small>	ASB Bookkeeper (staff): _____ <small>(Signature & Date)</small>
Coach/Club Advisor (staff): _____ <small>(Signature & Date)</small>	Principal: _____ <small>(Signature & Date)</small>
Activity Coordinator: _____ <small>(Signature & Date)</small>	

Once Completed: Copies to the following: ASB Bookkeeper and ASB group/activity