

Warrensville Heights City School District

Fundraiser Request Form

Organization _____ Building _____
Advisor _____ Date _____
Proposed sales project _____
Company and address _____
Representative _____
Purpose of sales project _____
Quantity to be ordered _____
Cost per unit _____
Proposed sale price per unit _____

Approved by:

Advisor's Signature Date

Superintendent's Signature Date

Principal's Signature Date

Treasurer's Signature Date

This section to be filled in when project is completed:

<u>Number and name of items ordered</u>	<u>Selling price</u>	<u>Total</u>
_____ @ \$ _____		\$ _____
_____ @ \$ _____		\$ _____
_____ @ \$ _____		\$ _____
(Use back if more space is needed)		\$ _____
Less:		
Returns: _____ \$ _____		\$ _____
Total to be accounted for _____ \$ _____		A. \$ _____
Total deposited with Treasurer		B. \$ _____
Quantity unaccounted for _____		\$ _____

Advisor's Signature Date

Principal's Signature Date

Treasurer's Signature Date

Superintendent's Signature Date