

**SCHOOL ACTIVITY FUND  
REQUISITION AND REPORT OF TICKET SALES**

School
Activity Account

Event
Date

**TICKET REQUISITION**

This is to acknowledge receipt of the tickets to be sold for the event listed above. The first ticket number sold (not the one attached to this form) is recorded in Column B. The unsold end ticket number will be recorded in Column D on completion of ticket sales. Receipt of \$ \_\_\_\_\_ for change is also acknowledged.

Attach full and <u>unsold</u> start and end tickets here.
---

\_\_\_\_\_  
Person In Charge Of Sales

**REPORT OF SALES**

		A	B	C	D	E	F	G	H
		Ticket Color	Beginning Ticket No.	Ticket Seller Initials	Next Available Ticket No.	Ticket Seller Initials	No. of Tickets Sold (D-B)	Price Each	Total (F x G)
Advance Sales	Adults						0		0
	Students						0		0
GATE 1	Adults						0		0
	Students						0		0
GATE 2	Adults						0		0
	Students						0		0
GATE 3	Adults						0		0
	Students						0		0
GATE 4	Adults						0		0
	Students						0		0

Checks	
Currency	
Coin	
Total	0

Total Sales	
Change Returned	
Cash Over/Short	
Total Cash	0

Person in Charge of Sales: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
 Ticket Taker: \_\_\_\_\_ School Treasurer

\* Form and money must be turned in to school treasurer the first work day following the event.

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

School	
Activity Account	
External Support/Booster Organization	
Name of Fundraiser	
Sponsor	
Date Submitted	

Purpose of fundraising activity:

---



---



---

Items to be sold:

---



---

Beneficiary of fundraising activity:

---



---

Date(s) scheduled:

---



---

Names of adult supervisors at activity (chaperones, custodians, etc.):

---



---



---

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	Date	

Circle One:                      **Approved**                      **Not Approved**                      \_\_\_\_\_  
Date

Principal \_\_\_\_\_ Date

SBDM Council (If Council Policy) \_\_\_\_\_ Date

Superintendent (If School-Wide Fundraiser) \_\_\_\_\_ Date

**SCHOOL ACTIVITY FUND  
FUNDRAISER WORKSHEET**

School	
Activity Account	
Fundraiser	

1. Total Count of Items to be sold

2. Item	Count	x Sales Price =	Budget Sales
			0
			0
			0
<input type="text"/> Total count must equal Line 1.			

Total Budgeted Sales

3. Receipts

Date	Amount	Date	Amount

Total Receipts

4. Expenses

Date	Check #	Amount	Date	Check #	Amount

Total Expenses

5. Total Count of Unsold Items

6. Item	Count	x Sales Price =	Unsold Items
			0
			0
			0
<input type="text"/> Total count must equal Line 5.			

Total Value  
of Unsold Items

7. Anticipated Profit (Line 2 - Line 4)	0
8. Value of Unsold Items (Line 6)	0
9. Subtotal (Line 7 - Line 8)	0
10. Actual Profit (Line 3 - Line 4)	0
11. Cash Over/Short (Line 9 - Line 10)	0
12. Explain Over/Short	

**Disposition of Unsold Items:**

<input type="text"/>	Returned
<input type="text"/>	Held for Next Fund Raiser
<input type="text"/>	Other (Please explain)

*Investigate significant differences immediately.*

Sponsor \_\_\_\_\_

Principal \_\_\_\_\_

\* - Must be turned in to principal within one week of the termination of fundraising event.







**SCHOOL ACTIVITY FUND  
INVENTORY CONTROL WORKSHEET**

F-SA-5

<b>School</b>	
<b>Activity Account</b>	
<b>Type of Inventory</b>	
<b>Vendors</b>	
<b>Reporting Period</b>	

**1. Beginning Inventory (What you start with)**

Item	Count	x	Sales Price	=	Total
					0
					0
					0
					0
Cash in machine or on hand.					0

Total Value  
Beginning Inventory  
0

**2. Deliveries (What you purchase and receive to sell)**

Date	Item	Count	x	Sales Price	=	Total
						0
						0
						0
						0
						0

Total Value  
Deliveries  
0

Cash in the machine or on hand.

Subtotal A  
0

**3. Collections (Collected to turn in to Bookkeeper/Treasurer)**

Date	Initials	Amount	Date	Initials	Amount

Total Value  
Collections  
0

**4. Ending Inventory (What you end with)**

Item	Count	x	Sales Price	=	Total
					0
					0
					0
					0
Cash in machine or on hand.					0

Total Value  
Ending Inventory  
0

Subtotal B  
0

If Subtotal A > Subtotal B, there is a shortage. Explain if significant.

List retail value of items lost, damaged, or given away.

Must be completed monthly

If Subtotal B > Subtotal A, there is an overage. Explain if significant.

\_\_\_\_\_  
Signature of Person Completing Inventory  
Must be completed monthly

\_\_\_\_\_  
Date

**SCHOOL ACTIVITY FUND  
MULTIPLE RECEIPT FORM**

F-SA-6

Receipt #

School
Activity Account

Fundraiser
Teacher

#	Student Signature	Cash	Check
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

#	Student Signature	Cash	Check
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Total Cash	
Total Coins	
Total Checks	
Total	0

Students 3rd grade and above must sign form as they turn in money. The form and collected money must be given to the school treasurer daily. The school treasurer will complete the Recapitulation Section and issue a receipt.

<u>Recapitulation Section:</u>	No. of Students	<input type="text"/>	Total Amount Remitted	<input type="text"/>
--------------------------------	-----------------	----------------------	-----------------------	----------------------

\_\_\_\_\_  
Person Remitting Money

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*White copy: School Treasurer*

*Yellow copy: for Teacher or Sponsor*



**SCHOOL ACTIVITY FUND  
PURCHASE ORDER**

School
Activity

P.O. No.
Date

<p><b>Section A</b></p> <p><b>Vendor Name</b> _____</p> <p><b>Address:</b> _____</p>
--

Line	Quantity	Catalog Number	Item Description	Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
<b>Total</b>				<b>0</b>

I authorize this order and there are sufficient funds available for this purchase.

Authorized by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

SCHOOL ACTIVITY FUND  
STANDARD INVOICE

School	
Activity Account	

Date	
------	--

Vendor's Name	_____
Address	_____
Phone	_____
Fax	_____
FEIN or Social Security No.	_____

Quantity	Item Description	Unit Cost	Total Cost
Total			0

<b>Vendor's Certification</b>
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.
_____ Vendor Signature

Approval for Payment

Person Receiving Item	_____
Sponsor	_____
Principal (nor required if Principal Signed Above)	_____

Amount Paid:	_____
Date Paid:	_____
Check No.:	_____



SCHOOL ACTIVITY FUND  
TRANSFER FORM

School

Transfer No.	
Date	

Activity Account	Transfer Amount	
	From	To

Explanation

\_\_\_\_\_

\_\_\_\_\_

Approval

\*\* Form must be completed prior to the transfer

Transfer-From Sponsor (If Applicable)

Principal

----- SCHOOL ACTIVITY FUND ----- F-SA-10  
TRANSFER FORM

School

Transfer No.	
Date	

Activity Account	Transfer Amount	
	From	To

Explanation

\_\_\_\_\_

\_\_\_\_\_

Approval

\*\* Form must be completed prior to the transfer

Transfer-From Sponsor (If Applicable)

Principal







**SCHOOL ACTIVITY FUND  
STUDENT REFUND / DISBURSEMENT FORM**

School	
Activity Fund	
Teacher or Sponsor	

#	Student Signature	Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

#	Student Signature	Amount
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

Students in 3rd grade and above must sign form as they receive the refund.  
The form must be returned to the school treasurer after all funds are disbursed.

Recapitulation:                      No. of Students                            Total Amount Remitted     

\_\_\_\_\_  
Person Remitting Money

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*White copy to School Treasurer*

*Yellow Copy for Teacher or Sponsor*







**SCHOOL ACTIVITY FUND  
TRAVEL VOUCHER**

Employee	
School	
Activity Account	
Phone No.	

Month	Day	Time of		Location		Mileage calculation	Lodging	Meals	Total
		Departure	Return	From	To				
						0		B	
Purpose								L	
								D	
									0

Key In Mileage	Key In Mileage Rate

Month	Day	Time of		Location		Mileage calculation	Lodging	Meals	Total
		Departure	Return	From	To				
						0		B	
Purpose								L	
								D	
									0

Key In Mileage	Key In Mileage Rate

Month	Day	Time of		Location		Mileage calculation	Lodging	Meals	Total
		Departure	Return	From	To				
						0		B	
Purpose								L	
								D	
									0

Key In Mileage	Key In Mileage Rate

Month	Day	Time of		Location		Mileage calculation	Lodging	Meals	Total
		Departure	Return	From	To				
						0		B	
Purpose								L	
								D	
									0

Key In Mileage	Key In Mileage Rate

Month	Day	Time of		Location		Mileage calculation	Lodging	Meals	Total
		Departure	Return	From	To				
						0		B	
Purpose								L	
								D	
									0

Key In Mileage	Key In Mileage Rate

						Mileage Total	Lodging	Meals	Total
Total For Page						0	0	0	0

Other Allowed Expenses (Attach Explanation)	
Submit within one week after travel dates	Gra

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SCHOOL ACTIVITY FUND  
SALES FROM CONCESSIONS/BOOKSTORE/PENCIL MACHINE FORM**

School	Date
Activity Account	Turned in By

Activity Fund		
<b>COINS</b>		
<b>CURRENCY</b>		
<b>CHECKS</b>		
Total	0	

Explanation:

---



---

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Preparer

original to school treasurer

**SCHOOL ACTIVITY FUND  
SALES FROM CONCESSIONS/BOOKSTORE/PENCIL MACHINE FORM**

School	Date
Activity Account	Turned in By

Activity Fund		
<b>COINS</b>		
<b>CURRENCY</b>		
<b>CHECKS</b>		
Total	0	

Explanation

---



---

\_\_\_\_\_  
School Treasurer

\_\_\_\_\_  
Preparer

original to school treasurer

SCHOOL ACTIVITY FUND  
DONATION ACCEPTANCE FORM

School: \_\_\_\_\_

Fiscal Year Ending: \_\_\_\_\_

Date of gift: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Donor Address \_\_\_\_\_  
street address  
\_\_\_\_\_  
street address (continued)  
\_\_\_\_\_  
city state zip code

Donor Phone Number: \_\_\_\_\_

(circle as appropriate)

Type of donation: Cash check personal property real property service other

Other gift description including purpose and restrictions on donation:  
\_\_\_\_\_  
\_\_\_\_\_

Was anything of value received in exchange for donation? Yes  No

If yes, description and dollar value:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date