

This is a sample form. Please do not use. Please contact building secretary for form.

**MIAMI TRACE LOCAL SCHOOL DISTRICT  
REQUEST FOR FUNDRAISING ACTIVITY**

(Top portion to be completed prior to activity and returned to building secretary)

DATE \_\_\_\_\_

FORM NUMBER \_\_\_\_\_

**TYPE OF FUNDRAISER: Please check one (See attached form explanation sheet)**

- \_\_\_\_ Donation Fundraiser (MT staff & students responsible for collection & monies deposited w/MT)
- \_\_\_\_ Charitable & School Affiliated Organizations (money not deposited w/MT)
- \_\_\_\_ Student Activity with Commission (orders placed directly w/company & checks made payable to company)
- \_\_\_\_ Fundraising for Profit or Non-Profit (any collection of monies from sales)

DATE(S) OF ACTIVITY \_\_\_\_\_ MT ORGANIZATION NAME \_\_\_\_\_ FUND \_\_\_\_\_

PURPOSE OF FUNDRAISER (How money is to be used) \_\_\_\_\_

DESCRIPTION OF FUNDRAISER/EVENT \_\_\_\_\_ DISTRICT PROPERTY? YES NO

COMPANY/ORGANIZATION NAME AND ADDRESS \_\_\_\_\_

CONTACT NAME/ PHONE/FAX NUMBER \_\_\_\_\_

**COMPLETE THE APPROPRIATE ESTIMATED INFORMATION BELOW:**

RECEIPTS \$ \_\_\_\_\_ EXPENSES \$ \_\_\_\_\_ PROFIT \$ \_\_\_\_\_ COMMISSION AMT \$ \_\_\_\_\_

DONATION \$ \_\_\_\_\_ DONATION TO BE PAID TO (name & address) \_\_\_\_\_

HOW MONIES WILL BE COLLECTED/DISTRIBUTED FOR CHARITABLE ORG \_\_\_\_\_

\_\_\_\_\_  
Activity Sponsor Signature Date

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

\_\_\_\_\_  
Superintendent Signature Date

\_\_\_\_\_  
Treasurer/CFO Signature Date

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**COMPLETE AFTER THE SALE (Fundraising for Profit or Non-Profit)**

	(1)	(2)	(3)		(4)	(5)	(6)
Items Purchased	Quantity	Purchases	Total Cost		Quantity	Selling Unit	Total Sales
	Purchased	Unit Cost	(1x2)		Sold	Price	
Total							

GROSS SALES \_\_\_\_\_ (Column 6)  
(Amount Deposited with Treasurer)  
Minus: Total Cost of Purchases \_\_\_\_\_ (Column 3)  
Equals: Net Profit \_\_\_\_\_

TOTAL Quantity of Units Purchased \_\_\_\_\_ (Column 1)  
Minus: Total Quantity of Units Sold \_\_\_\_\_ (Column 4)  
Equals: Quantity of Units Unaccounted for \_\_\_\_\_  
(Please explain on Reverse Side)

Cashier Receipt Numbers \_\_\_\_\_

\_\_\_\_\_  
Activity Sponsor Signature Date

\_\_\_\_\_  
Cashier Signature Date

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

## FUNDRAISER FORM GENERAL DIRECTIONS

The white and yellow copies of the form need to be returned to the treasurer's department when applying for a fundraiser. Once it has been approved by all required parties, the white copy will be returned to the building secretary.

### MIAMI TRACE DONATION FUNDRAISER FORM

This form is to be used for donations made from Miami Trace organizations/groups to a charitable organization, family or student. These donations are collected by staff or students and deposited into a Miami Trace fund, i.e. donation for ill student. Please attach a copy of the minutes or other appropriate written verification of the organization's vote to perform the fundraiser and provide the donation.

Select Donation Fundraiser and complete the following lines in the top part of the form:

Date, MT Organization Name, Fund, Purpose of Fundraiser, Description of Fundraiser, EST donation amount, and the name and address to whom the donation is to be paid.

### CHARITABLE ORGANIZATION DONATION AND SCHOOL-AFFILIATED ORGANIZATION FORM

This form is to be used when charitable contributions are made payable directly to the organization, i.e. United Way. District personnel are not responsible for counting or depositing monies. It is also to be used for school-affiliated organization activities, i.e. boosters and PTOs that are approved to conduct a superintendent and treasurer approved fundraiser on district property. If the event is district-wide, only one completed form by the district representative is necessary.

Select Charitable & School Affiliated Organizations and complete the following lines in the top part of the form:

Date, Company/Organization name and address, Contact Name and phone number and How Monies will be collected/distributed.

### STUDENT ACTIVITY W/COMMISSION FORM

This form is to be used for student fundraising activities that will generate a commission check, i.e. pictures and magazine sales. It is not to be used for district contracts such as Coca-Cola.

Select Student Activity with Commission and complete the following lines in the top part of the form:

Date, MT Organization Name, Fund, Description of Fundraiser/Event, Company Name and Address, Company Contact Person Name and Address and Estimated Commission amount.

### FUNDRAISING ACTIVITY FORM

This form is to be used whenever funds are collected for profit or for non-profit. The company information is to be completed accurately so a purchase order can be processed from the information on the form. (A separate purchase requisition is not necessary.)

Check Fundraising for Profit or Non-Profit and complete the following lines in the top part of the form:

Date, MT Organization Name, Fund, Purpose of Fundraiser, Description of Fundraiser, District Property (check yes or no), Company Name and Address, Estimated Receipts, Estimated Expenses and Estimated Profit. After the sale, the bottom portion of the form must be completed and Cashier receipt numbers entered by the building cashier.

To complete the bottom portion of the form after the sale is over, you may choose to attach a copy of the invoice showing all items ordered and the cost of the items to explain the quantity purchased and the cost. If numerous items have been sold at different prices, a copy of MT's price list or one from the company may be attached to complete sections 4, 5, & 6.