S&S CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

# FUND RAISING/SALES RECORD

**Student/Campus Activity Account**

**School: _____**

**Purpose**: To pre-approve fundraisers, provide an accounting of the fundraising event, and identify taxable sales.

**Account Name _____**
**Sponsor Name _____**

**Date(s) of Sale _____ Items to be sold _____**
**Supplier of Goods _____**

**Sales Type: (circle one) TAXABLE NON-TAXABLE**
**If taxable and if eligible, do you want to count this as a tax-free day? YES NO NA**

**Total Sales Price for each individual item (including tax if applicable) _____**

**Fundraiser: (circle one) YES NO (If no, you are selling to cover your costs? Y/N)**

**Administrator's Signature/Approval Date**

**RECORD OF DEPOSITS**

| | Date | Amount | | Date | Amount | | Date | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | | | 6 | | | 11 | | |
| 2 | | | 7 | | | 12 | | |
| 3 | | | 8 | | | 13 | | |
| 4 | | | 9 | | | 14 | | |
| 5 | | | 10 | | | 15 | | |

**Total**

**$**

**Signature of person completing form Date**