

# Eagle Mountain-Saginaw ISD FUNDRAISING AUTHORIZATION FORM

Club or group: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Description of Fundraiser \_\_\_\_\_

Purpose of Fundraiser \_\_\_\_\_

Date of Fundraiser: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

1) Is this a taxable sale? YES \_\_\_\_\_ NO \_\_\_\_\_ (required)

Is this one of your two one-day tax free sales? YES \_\_\_\_\_ NO \_\_\_\_\_ (required)

2) Vendor Name: \_\_\_\_\_

Unit Selling Price \$: \_\_\_\_\_ Unit Cost \$ \_\_\_\_\_ Expected Profit \$ \_\_\_\_\_

3) Sponsor Signature: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<b>RECONCILIATION RECAP</b>
-----------------------------

**SALES:**

- |   |          |
|---|----------|
| 1. Actual Number of items sold              | _____    |
| 2. Selling Price per item                   | \$ _____ |
| 3. Total Sales (Line 1 x Line 2 )           | \$ _____ |
| 4. Total deposited for this fundraiser:     | \$ _____ |
| 5. Less total cost of sale (vendor invoice) | \$ _____ |
| 6. Net profit/(loss)                        | \$ _____ |

**INVENTORY:**

- |   |       |
|---|-------|
| 1. Number of items purchased (per invoice)                  | _____ |
| 2. Actual number of items sold (Line 1 above)               | _____ |
| 3. Number of items left over                                | _____ |
| 4. Number of items unaccounted for (Line 1-Line 2 – Line 3) | _____ |

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_