

ROUND ROCK INDEPENDENT SCHOOL DISTRICT
FUND RAISING/SALES ACTIVITY APPLICATION

Fundraiser
Sale

Campus _____ Date _____

Sponsor _____ Club name _____

Describe the purpose of this sale _____

Describe the product or activity _____

Sale/activity location _____ Facility usage request submitted Yes No NA

Targeted customer for product/activity _____

Start and ending date of sale/activity _____ Time of day of sale/activity _____

Vendor _____
Company Name Representative Phone

Have all outstanding debts from previous activities been collected? Yes No \$ _____
Amount Outstanding*

Estimate the following:

Approximate cost per item/activity \$ _____

Estimated profit _____

Percentage profit _____

Is this sale taxable? Yes No
If taxable and if eligible, will this sale count as one of the
two tax-free sale days? Yes No
Is this your 1st or 2nd tax -free sale to date? _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/
bookkeeper. I further certify that I reviewed and read the sponsor supplement and signed the Responsibilities of Faculty Sponsors of
Student Groups Acknowledgement form. I will notify the Accounting Office promptly of all outstanding debts so that appropriate action may
be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Date _____ Reviewed by _____ Date _____
Sponsor Bookkeeper

Approved by _____ Date _____ Approved by _____ Date _____
Principal Director, Financial Services

FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sale/activity date

Total deposits \$ _____ Quantity of Inventory Received _____
(each item)
Less: Total cost of sale/activity \$ _____ Less: Inventory Sold _____
(invoice)
Net profit \$ _____ Less: Inventory Giveaway ** _____
Inventory Remaining _____
**Explanation for Inventory Giveaway must be attached

Sponsor Date

Principal Date

Secretary/Bookkeeper Date

Original: Campus 1 copy: Sponsor 1 copy: Accounting Dept., on recap 1 copy: Accounting Dept., on approval