Fundraising Event Profit

 **Name of School:**

**Name of Club:**

**Fundraising Event Profit**

**Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form is to be completed in a two-step process: estimates prior to the event; actuals and differences after the event

1. Prepare the estimated sales, cost of sales and net profit. Sign and submit a copy to school secretary or finance clerk.

2. After the event, complete the actual sales and differences. Sign, have reviewer sign, and submit one copy to the business office (lead accountant) and keep one copy for your student body records.

Student Club: Name of Event:

ASB Advisor: Date of Event:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part I: Revenue** |  |  |  |  |  |  |
|  | **Estimated Sales** | **Actual Sales** | **Difference** |
| **Revenues** | Number | Unit Price | Total  (# x price) | Number | Unit Price | Total  (# x price) | Units | Dollars |
| No. of Tickets Sold |   |   |   |   |   |   |   |   |
| No. of Items Sold |   |   |   |   |   |   |   |   |
| Other Revenues: |  |
| Advertising |   |   |   |   |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |   |   |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |   |   |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |   |   |   |   |
| **Total all revenue** |  |  |  |  |  |  |
| Loss Items (explain) |   |   |   |   |   |   |   |   |
| Given Away (explain) |   |   |   |   |   |   |   |   |
| Lost (explain) |   |   |   |   |   |   |   |   |
| Stolen (explain) |   |   |   |   |   |   |   |   |
| Damaged/Returned |   |   |   |   |   |   |   |   |
| Remaining/Unsold |   |   |   |   |   |   |   |   |
| Total all losses |   |   |   |   |   |   |   |   |
| Total Revenue (Revenues–Losses) |   |  |  |   |  |  |
| **Part II: Expenses** |  |  |  |  |  |  |  |  |
|  | **Estimated Cost of Sales** | **Actual Cost of Sales** | **Difference** |
| **Expenses** | Number | Unit Price | Total (# x price) | Number | Unit Price | Total (# x price) | Units | Dollars |
| Cost of Items  |   |  |   |   |   |   |   |   |
| Cost of Items  |  |  |  |  |  |  |  |  |
| Other Expenses: |  |
| Supplies |  |  |  |  |  |  |  |  |
| Advertising |   |   |  |  |  |  |
| Custodial OT |  |  |
| Fees |  |  |
| Equipment |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |
| Total all Expenses |  |  |  |  |  |  |

 **Part III: Actual Net Profit for this Activity**

*Net Profit is the difference between Total Revenues and Total Expenses.*

 Submitted and Approved by:

 Student Club Representative:

 Signature, Title and Date

 Club Advisor:

Signature, Title and Date

 Principal/School Administrator:

 Signature, Title and Date

 Recorded in ASB Student Council Minutes on:

 Date