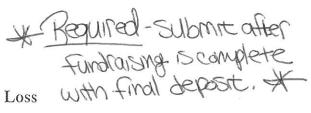
Jefferson Central School Fund Raising Request

Please submit to the principal two weeks prior to the start of raising funds.

Permission is requested for fundraising by:						
Club/Organization:						
Type of Fund Raising Activity:						
Date of Activity (Start/End):						
Location:						
Daywa						
How much do you expect to raise with this event?	\$					
Student Rep:	Date:					
Advisor:	Date:					
Principal's Approval:	Date:					

FORM 5 STATEMENT OF PROFIT AND LOSS

Statement of Profit and Loss



Club Name	3				
Activity	Activity Date(s)				
Receipts	Subject to NYS Sales		Yes	No (Circle One)	
Date of Sale	Description of Sale Item(s) OR	From And Including		Total Sale Pr g Number Sold Per It	
	Anticipated Receipts. \$		Tota	al Actual Receipts	\$
Disbursem	ents				
Date	Payce	Check	# Purpos	e	Amount
	Anticipated Disbursements	\$	Total	Actual Disbursements	\$
	PROFIT (LOSS)	\$			\$
Club Treas	surer	Adviser	-		Date