

# 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: \_\_\_\_\_

Set-up and Equipment needed: \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much do you expect to raise with this event?

\$ \_\_\_\_\_

Student Rep: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_  
\_\_\_\_\_

## Statement of Profit and Loss

*\* Required - Submit after  
fundraising is complete  
with final deposit. \**

Club Name \_\_\_\_\_

Activity \_\_\_\_\_ Activity Date(s) \_\_\_\_\_

Subject to NYS Sales Tax? Yes No (Circle One)

Receipts

Date of Sale	Description of Sale Item(s)	OR	Ticket Numbers		Total Number Sold	Sale Price Per Item	Total Receipts
			From And Including	To And Including			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Anticipated Receipts \$ \_\_\_\_\_ Total Actual Receipts \$ \_\_\_\_\_

Disbursements

Date	Payee	Check #	Purpose	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Anticipated Disbursements \$ \_\_\_\_\_ Total Actual Disbursements \$ \_\_\_\_\_

PROFIT (LOSS) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Club Treasurer \_\_\_\_\_ Adviser \_\_\_\_\_ Date \_\_\_\_\_