## FARMERSVILLE UNIFIED SCHOOL DISTRICT STUDENT BODY FUND RAISER REPORT

| School Site:          |                                                     |                      | Date Fund Raiser Begins:           |                                                                              |                                     |                                |                                       |                                          |                                        |
|-----------------------|-----------------------------------------------------|----------------------|------------------------------------|------------------------------------------------------------------------------|-------------------------------------|--------------------------------|---------------------------------------|------------------------------------------|----------------------------------------|
| Account/Club:         | Date Fund Raiser Ends:                              |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |
| Advisor:              |                                                     |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |
| Vendor(s):            |                                                     |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |
|                       | ulation of potential profit at Start of Fundraiser) |                      |                                    | PART B. Calculation of actual profit (Completed at Conclusion of Fundraiser) |                                     |                                |                                       |                                          |                                        |
| Items Being Sold      | (1) Unit Cost                                       | (2) Unit Sales Price | (3)<br>Profit per<br>Unit<br>(2-1) | (4)<br>Number of<br>Units<br>Ordered                                         | (5)<br>Potential<br>Profit<br>(3X4) | (6)<br>Number of<br>Units Sold | (7)<br>Number of<br>Units<br>Returned | (8)<br>Total to be<br>Deposited<br>(2X6) | (9)<br>Amount<br>Actually<br>Deposited |
|                       |                                                     |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |
|                       |                                                     |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |
| Line 4 minus line 6 s | should equal                                        | line 7. If no        | t, account f                       | for units lost,                                                              | given away                          | or stolen:                     |                                       |                                          |                                        |
| Line 8 should equal   | line 9. If not,                                     | explain the          | difference.                        |                                                                              |                                     |                                |                                       |                                          |                                        |
| Approved:<br>Site Adn | ninistrator/ D                                      | ate                  |                                    |                                                                              |                                     | Budget Analy                   | st/ Date                              |                                          |                                        |
|                       | Date Funds<br>Deposited                             | Rece<br>Num          |                                    | Turned<br>(Identify Clu                                                      |                                     | Amo<br>Rece                    | ount<br>eipted                        |                                          |                                        |
|                       |                                                     |                      |                                    |                                                                              |                                     |                                |                                       |                                          |                                        |

Complete Part A at the beginning of the Fund Raiser. Site Administrator signs and forwards to the Business Office Budget Analyst will sign and return 2 copies. At conclusion of fund raiser, complete Part B and return the white copy to Business office.