

**Marlin Independent School District
Activity Fund
Fund Raising Approval and Financial Recap**

Campus: _____ Club/Organization: _____

G/L Account #: _____

Beginning Sale Date: _____ Ending Sale Date: _____

Description of the product to be sold or fundraising activity: _____

Price(s) to be charged per item: _____ Cost per item: _____

Total cost of items to be purchased: _____ Expected Profit: _____

Is this a taxable fundraiser? Yes ___ No ___

If "No" is this a one-day-tax free sales event (only 2 per calendar year)? Yes ___ No ___

Who will do the selling? _____

Where? _____

Will door-to-door solicitation be involved? Yes ___ No ___

Vendor Name & Address: _____

For what purpose(s) will the proceeds be used? _____

This is the 1st ___ 2nd ___ 3rd ___ fund raiser activity this year for this organization
(Each club/organization is limited to a maximum of three fund-raising activities per school year)

I am familiar with the campus and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the cash collections and the payment of sales tax.

Signature of Sponsor Date

Approval of Principal Date

Approval of Business Office Date

Approval of Superintendent Date

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This section is to be completed and turned in with page 1 to the campus secretary no later than one week after the ending sale date:

Financial Recap:

Inventory (Product Sales Only):

Total number of items to be sold: _____

Number of items returned to vendor: _____

Number of items retained (attach explanation): _____

Number of items unaccounted for (attach explanation): _____

Actual Income (Product Sales and Sale of Services):

Actual number of items sold: _____

Price per item: \$ _____

Actual Sales: \$ _____

Less: Total Cash Receipts (Deposits): \$ _____

Cash Difference (attach explanation): \$ _____

Profit:

Total Cash Receipts (Deposits): \$ _____

Less: Total Expenses: \$ _____

PROFIT/LOSS: \$ _____

Signature of Sponsor:

**Verification of Bookkeeper/
Campus Secretary:**

Date: _____

Date: _____