

**KEENE INDEPENDENT SCHOOL DISTRICT**  
**FUND RAISING/SALES ACTIVITY APPLICATION**  
*PLEASE COMPLETE ALL SPACES*

Fundraiser	<input type="checkbox"/>
Sale	<input type="checkbox"/>

Campus \_\_\_\_\_ Date \_\_\_\_\_

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

Beginning date of sale \_\_\_\_\_ Ending date of sale \_\_\_\_\_

Describe the purpose of this sale \_\_\_\_\_

Describe the product or activity \_\_\_\_\_

Vendor \_\_\_\_\_ Representative \_\_\_\_\_

Company Name

Phone

Address \_\_\_\_\_

Street Address/PO Box Number

City

State

Zip

Have all outstanding debts from previous activities been collected? Yes \$ \_\_\_\_\_  
 No (amount outstanding)

Estimate the following:

Approximate cost per item \$ \_\_\_\_\_

Estimated profit \$ \_\_\_\_\_

Percentage profit \$ \_\_\_\_\_

Is this sale taxable? Yes _____ No _____
If yes, are you using this sale as one of your two tax-free sale days for this calendar year? Yes _____ No _____
Is this your 1 <sup>st</sup> or 2 <sup>nd</sup> tax-free sale to date? _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the campus secretary. I will notify the Business Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

**FUND RAISING RECAP**

Due in Business Department within 4 weeks of ending sale date

Total Deposits \$ \_\_\_\_\_ Quatity of Inventory Received \_\_\_\_\_

(each item)

Less: total cost of sale (invoice) \_\_\_\_\_ Less: Inventory Sold \_\_\_\_\_

Net profit \_\_\_\_\_ Less Inventory Giveaway\*\* \_\_\_\_\_

Inventory Remaining \_\_\_\_\_

\*\*Explain reason for giveaway \_\_\_\_\_

Sponsor \_\_\_\_\_ Date \_\_\_\_\_

I certify that the amount indicated as gross sales has been deposited into account number _____
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Principal \_\_\_\_\_ Date \_\_\_\_\_

Campus Secretary \_\_\_\_\_ Date \_\_\_\_\_