



# WALLER INDEPENDENT SCHOOL DISTRICT FUND RAISING/SALES ACTIVITY APPLICATION

Fundraiser   
Sale

Please Note: This form must be completed in blue ink.

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/P.O. Box Number City State Zip

Have all outstanding debts from previous activities been collected?  
 Yes \$ \_\_\_\_\_  
 No Amount Outstanding\*  
\*To be completed by secretary/bookkeeper

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 1st or 2nd 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 secretary/bookkeeper. I further certify that I reviewed and read the sponsor supplement and signed the Responsibilities of Faculty Sponsors of Student Groups Acknowledgement form. I will notify the Accounting 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.

Submitted by \_\_\_\_\_ Sponsor \_\_\_\_\_ Date \_\_\_\_\_ Reviewed by \_\_\_\_\_ Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Principal \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_ Team Leader, Financial Services \_\_\_\_\_ Date \_\_\_\_\_  
(Fundraising Only)

### FUND RAISING RECAP

Due in Accounting Department within 4 weeks of ending sale date

Total deposits \$ \_\_\_\_\_ Quantity of Inventory Received \_\_\_\_\_  
Less: Total cost of sale (invoice) \$ \_\_\_\_\_ Less: Inventory Sold \_\_\_\_\_ (each item)  
Net profit \_\_\_\_\_ Less: Inventory Giveaway \*\* \_\_\_\_\_  
Inventory Remaining \_\_\_\_\_

\*\*Explanation for Inventory Giveaway must be attached

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

Principal \_\_\_\_\_ Date \_\_\_\_\_

Secretary/Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_









# WALLER INDEPENDENT SCHOOL DISTRICT ACTIVITY FUND DISBURSEMENT

DATE \_\_\_\_\_

CAMPUS \_\_\_\_\_

CLUB \_\_\_\_\_

STUDENT ACCT  PRINCIPAL ACCT

PAYEE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

CHECK # ISSUED \_\_\_\_\_

PAYMENT IN FULL YES  NO

ITEMS PURCHASED

\_\_\_\_\_  
\_\_\_\_\_

PURPOSE

\_\_\_\_\_  
\_\_\_\_\_

**ORIGINAL RECEIPTS OR VENDOR'S INVOICE MUST BE ATTACHED TO THIS REQUEST PRIOR TO OBTAINING PRINCIPAL'S APPROVAL**

\_\_\_\_\_  
CLUB SPONSOR SIGNATURE      DATE

\_\_\_\_\_  
STUDENT OFFICER SIGNATURE      DATE

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

### ADMINISTRATIVE USE ONLY

IS THIS PAYEE A CONTRACTED/CONSULTANT SERVICE VENDOR (1099)?

YES  NO

IF YES, HAS THIS TRANSACTION BEEN CODED 1099?

YES  NO

APPROVED  DENIED

\_\_\_\_\_  
PRINCIPAL SIGNATURE      DATE

\_\_\_\_\_  
BOOKKEEPER SIGNATURE      DATE



WALLER INDEPENDENT SCHOOL DISTRICT  
ACTIVITY FUND CLUB MINUTES



ORGANIZATION/CLUB \_\_\_\_\_ DATE \_\_\_\_\_

1. CALL TO ORDER BY \_\_\_\_\_ (WHO)  
\_\_\_\_\_ (TIME/PLACE)
  
2. READING OF MINUTES BY \_\_\_\_\_ Corrections/Additions  
\_\_\_\_\_
  
3. REPORTS  
OFFICER'S \_\_\_\_\_  
TREASURER'S \_\_\_\_\_  
SPECIAL \_\_\_\_\_
  
4. OLD BUSINESS (PROJECTS IN PROCESS, LONG-RANGE PLANS)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. NEW BUSINESS (NEW IDEAS, COMMITTEES, OR PROJECTS)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. ANNOUNCEMENTS (REMINDERS, MESSAGES FROM THE PRINCIPAL, FACULTY, OR MEMBER)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. ADJOURNMENT (BY VOTE OR TIME LIMIT) BY \_\_\_\_\_ TIME \_\_\_\_\_

RESPECTFULLY SUBMITTED, SECRETARY \_\_\_\_\_

SPONSOR \_\_\_\_\_