

YOUNGSTOWN CITY SCHOOL DISTRICT
Student Activity Sales Project Report

THIS SECTION TO BE COMPLETED BEFORE PROJECT IS STARTED AND SUBMITTED TO THE TREASURER'S OFFICE FOR SIGNATURE. AN APPROVED COPY WILL BE RETURNED FOR YOUR RECORDS.

1) SCHOOL AND STUDENT ORGANIZATION:		2) TEACHER COORDINATOR:	
3) PROPOSED SALES PROJECT – please include brief description:		4) COST PER UNIT:	
5) QUANTITY TO BE ORDERED:	6) PROPOSED SALE PRICE PER UNIT:	7) TOTAL ANTICIPATED REVENUE: (QUANTITY ORDERED X SALES PRICE)	
8) NAME OF COMPANY:			
9) STREET ADDRESS:		10) CITY/STATE/ZIP:	
11) NAME OF COMPANY REPRESENTATIVE:		12) PHONE:	
13) TEACHER'S SIGNATURE		13A) DATE:	
14) PRINCIPAL'S SIGNATURE		14A) DATE:	
15) TREASURER'S SIGNATURE		15A) DATE:	

THIS SECTION TO BE COMPLETED WHEN THE FUND RAISER IS OVER AND SUBMITTED TO THE TREASURER'S OFFICE. AN APPROVED COPY WILL BE RETURNED FOR YOUR RECORDS.

(A X B = C)

QUANTITY [A]	UNIT PRICE [B]	TOTAL REVENUE [C]
16) PURCHASED:	\$	\$
17) LESS RETURNS:	\$	\$
18) TOTAL ACCOUNTED FOR:	\$	\$
19) TOTAL AMOUNT DEPOSITED WITH TREASURER:		\$
20) QUANTITY UNACCOUNTED FOR – please include brief description:		
21) TEACHER'S SIGNATURE	21A) DATE:	
22) PRINCIPAL'S SIGNATURE	22A) DATE:	
23) TREASURER'S SIGNATURE	23A) DATE:	