

Don Bosco Technical Institute

Name of Club

Request for Fund-raiser Approval
School Year:

NOTE: TO BE APPROVED, APPLICATIONS MUST BE SUBMITTED AT LEAST THREE (3) WEEKS BEFORE REQUESTED DATE.

APPLICATIONS MUST RECEIVE FINAL APPROVAL FROM DIRECTOR OF STUDENT ACTIVITIES PRIOR TO THE FUND-RAISER.

Date form submitted:

Type of Fund-raiser:

Purpose of Fund-Raiser:

Location of Activity:

Facilities Needed:

Items to be sold:

Date(s) of Activity:

First Choice: Second Choice:

Time(s) of Activity: From a.m./p.m. to a.m./p.m.

Will tickets be sold? Yes No Price: \$

Cash box/Tickets required? Yes No

Items to be purchased for sale:

Table with 5 columns: Quantity, Item Description, \$ Cost per item, Est. \$ tax, \$ Est. Total. Multiple empty rows for data entry.

Purchase order required? Yes No

How much income is anticipated?

How much expense is anticipated?

NOTE: REPORT OF REVENUE MUST BE MADE WITHIN ONE WEEK OF THE FUND-RAISER'S END

Club Representative:

Club Advisor:

Student Council Approval: Yes No

Director of Student Activities Approval:

Don Bosco Technical Institute

Name of Club

Name of Fund-Raiser

FUND-RAISING BUDGET VS. ACTUAL REPORT

Fiscal Year: _____

Expected Revenue:	Budget	Actual	Difference +/-
Sales quantity x sales price	\$	\$	\$
OTHER REVENUE:			
Donations, Sales of Ads, etc.	\$	\$	\$
TOTAL REVENUE: (A)	\$	\$	\$
EXPENSES:			
Product quantity x Cost (per receipt/invoice)	\$	\$	\$
OTHER EXPENSES			
Freight/Shipping	\$	\$	\$
Advertising	\$	\$	\$
Other	\$	\$	\$
TOTAL EXPENSES (B)	\$	\$	\$
OTHER (C):			
Items Donated or Given as Prizes – Quantity x Cost	\$	\$	\$
TOTAL PROFIT (A-B-C)	\$	\$	\$

Report prepared by: _____

Signature, Title, and Date

Club Advisor: _____

Signature, Title, and Date

Presented to ASB by: _____

Signature, Title, and Date

Don Bosco Technical Institute
(ASB) Cash Count Form for: _____

Name of Person Completing Form: _____

Date Completing Form: _____

Denominations	Cash Equivalent	Quantity	Total Amt. Collected
Pennies	.01		\$
Nickels	.05		\$
Dimes	.10		\$
Quarters	.25		\$
Half Dollars	.50		\$
Dollar Coins	1.00		\$
Dollar Bills	1.00		\$
Two Dollar Bills	2.00		\$
Five Dollar Bills	5.00		\$
Ten Dollar Bills	10.00		\$
Twenty Dollar Bills	25.00		\$
Fifty Dollar Bills	50.00		\$
Hundred Dollar Bills	100.00		\$
Checks (listed on back)	Various		\$
Total Amount of Cash			\$
Total Amount of Cash and Checks			\$

Report Prepared by: _____
 Signature, Title, and Date

Signature of Person Counting the Cash: _____
 Signature and Date

Signature of Person Counting the Cash: _____
 Signature and Date

Verified by Club Advisor _____
 Signature, Title, and Date

Receipt of Report Acknowledged by I.C.C. Chair: _____
 Signature and Date

Report Received by Director of Student Activities: _____
 Signature and Date

Supporting Documentation must be included when this form is turned in and may include any of the following:
 Report of Ticket sales, Cash register receipts, copy of receipts issued, receipt books turned in, completed tally Sheet/sheets, List of all checks (check number and totals)

Event Budget Worksheet for: _____

Part 1: Expenses

Site Needs	Estimated	Actual	Notes
Staff			
Equipment			
Tables and Chairs			
Security			
Other			
Subtotals:			
Refreshments	Estimated	Actual	Notes
Food			
Drinks			
Utensils/other			
Subtotals:			
Publicity	Estimated	Actual	Notes
Paint and Paper			
Graphics Work			
Photocopying/Printing			
Postage			
Subtotals:			
Decorations	Estimated	Actual	Notes
Flowers/Lighting/Candles			
Balloons/Streamers			
Paper Supplies			
Paint			
Other			
Subtotals:			
Entertainment	Estimated	Actual	Notes
DJ/Band/Speaker			
Equipment Rental			
Subtotals:			
Prizes	Estimated	Actual	Notes
Ribbons/Plaques			
Gifts			
Door Prizes			
Subtotals:			
EXPENSE TOTALS:			

Part 2: Revenue

Presale Tickets	Price	Estimated	Actual	Notes
____ adults @				
____ students @				
Subtotals:				
Tickets at the Door	Price	Estimated	Actual	Notes
____ students @				
____ students @				
Subtotals:				
Concession Sales	Price	Estimated	Actual	Notes
_____ @				
_____ @				
_____ @				
_____ @				
_____ @				
_____ @				
_____ @				
_____ @				
_____ @				
Subtotals:				
Other Revenue Sources	Price	Estimated	Actual	Notes
Advertising Sales?				
Program Sales?				
Picture Sales?				
Coat Check?				
Subtotals:				
TOTAL INCOME:				

SUMMARY OF PROFIT/LOSS

Total Income: _____
 Total Expenses: _____
 Total Profit/Loss: _____

Event Evaluation Form

Name of Event: _____

Name of Club or Organization Sponsoring Event: _____

Type of event: Fundraiser Field Trip Service Performance Social/Mixer

Event Date: _____ Event Location: _____

Finances

Income Source (tickets, snacks, etc.)	\$ Amount	Expense Description	\$ Amount

Transportation

Mode of Transportation: _____

Was the method of transportation sufficient to meet your needs? Yes No

Suggestions for Improvement: _____

Publicity

Kinds of publicity used: Tech Radio BTN Flyers Bulletins Banners Marquee
 Other: _____

How effective/successful was the publicity used? _____

Suggestions for improvement: _____

Special Guests

Name and review of special guests (speakers...include subject matter if a speaker):

Would you invite this/these guest(s) again? _____

Entertainment

How would you rate the quality of the DJ? _____

Did the DJ provide the services as promised? _____

Would you request the services of this DJ again in the future? _____

Why/Why not? _____

Overall: Was this event a success?

Would you do this activity again? _____

What would you do the same? _____

What would you do differently? _____

EVENT PROPOSAL FORM

Name of Club or Organization: _____
Club/Group Representative: _____ Advisor Approval: _____

Type of proposal: Field Trip Service Performance Social/Mixer

Event Start Date: _____ Event Location: _____
Event End Date: _____

Frequency of Event: daily weekly biweekly monthly quarterly annually

Details of Event: _____

Will there be a cost to participate in this event? Yes No
How much? _____

How will funds generated be used? _____

Will tickets be used? Yes No
Ticket price: _____
Ticket sale location(s): _____
Ticket sale date(s): _____

Will Transportation be required? Yes No
Mode of Transportation: _____
Cost for Transportation: _____

Will security services be required for this event? Yes No

Number and name of adults assisting with the event: _____

Supplies (and source of supplies) needed: _____

Kinds of publicity to be used: BTN Flyers Bulletins Banners Marquee
 Other: _____

Dates for publicity: _____

Special Theme (if any): _____

Will there be any guest speakers: Yes No
Name of and information about guest(s):

Proposal submitted on: _____ ASB/ICC Approval: _____

Administrative Approval: _____

