

WEST GEAUGA LOCAL SCHOOLS

STUDENT ACTIVITY FUNDRAISER REQUISITION NO. \_\_\_\_\_

GROUP: \_\_\_\_\_

FUND: \_\_\_\_\_ SCC: \_\_\_\_\_

FUNDRAISER: \_\_\_\_\_

PLANNED DATE(S): \_\_\_\_\_

VENDOR(S): \_\_\_\_\_

QUANTITY ORDERED: \_\_\_\_\_

IF TICKETS ARE SOLD, COST PER TICKET? \_\_\_\_\_

COST PER UNIT: \_\_\_\_\_

IF PRIZES WILL BE GIVEN, SPECIFY WHAT: \_\_\_\_\_

SALE PRICE PER UNIT: \_\_\_\_\_

TO WHOM: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

STUDENT SIGNATURE (200 FUNDS ONLY)

PRINCIPAL SIGNATURE/DATE

ADVISOR SIGNATURE/DATE

TREASURER SIGNATURE/DATE

\*\*\*\*\*THIS SECTION TO BE COMPLETED WHEN FUNDRAISER IS COMPLETED.\*\*\*\*\*

TOTAL RECEIPTS: \$ \_\_\_\_\_

RECEIPT#--AMOUNT

RECEIPT#--AMOUNT

RECEIPT#--AMOUNT

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

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TOTAL EXPENSES: \$ \_\_\_\_\_

P.O.#--AMOUNT

P.O.#--AMOUNT

P.O.#--AMOUNT

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PROFIT OR LOSS (Circle One) \$ \_\_\_\_\_

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