

WILLARD CITY SCHOOLS

ACTIVITY FUND PURPOSE STATEMENT AND BUDGET

ACTIVITY NAME: _____ DATE: _____

CODE #: _____

PURPOSE OF ACTIVITY (define concisely)

Last Year's Balance \$ _____

ACTIVITY SOURCE OF INCOME	AMOUNT	DATES OF ACTIVITY
A. _____	\$ _____	_____
B. _____	\$ _____	_____
C. _____	\$ _____	_____
D. _____	\$ _____	_____
E. _____	\$ _____	_____
F. _____	\$ _____	_____
G. _____	\$ _____	_____
H. _____	\$ _____	_____

Total Revenue Anticipated \$ _____

Total Balance and Revenue End of Year \$ _____

400 Purchased Service	\$ _____
500 Materials & Supplies	\$ _____
600 New Equipment	\$ _____
700 Replacement Equip.	\$ _____

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ACTIVITY FUND PURPOSE STATEMENT AND BUDGET**

ACTIVITY FUND: _____

ACTIVITY ESTIMATED EXPENDITURES:

A. _____	\$ _____
B. _____	\$ _____
C. _____	\$ _____
D. _____	\$ _____
E. _____	\$ _____
F. _____	\$ _____
G. _____	\$ _____
H. _____	\$ _____
I. _____	\$ _____
J. _____	\$ _____
K. _____	\$ _____
L. _____	\$ _____
M. _____	\$ _____
N. _____	\$ _____
O. _____	\$ _____
P. _____	\$ _____

Total Estimated Expenditures \$ _____

Anticipated End of Year Balance \$ _____

Activity Advisor _____

Building Principal _____

Superintendent _____

FUNDRAISER REPORT OF ACTUAL SALES

This form is to be completed after the fundraiser is finished.

Name of Organization: _____ Date: _____

Type of fundraiser: _____
(Be specific)

Company you purchased the merchandise from: _____



Actual sales:

Quantity: _____ Unit cost: _____ Total: _____

Actual merchandise purchased:

Quantity purchased: _____ Unit cost: _____ Total: _____

Actual profit/loss: _____



1. After your fundraiser, complete this form and submit to your building principal.
2. Appropriate personnel will approve the totals from your sale.
3. One copy will be returned for your records and one copy will be kept in the Treasurer's Office.

Advisor _____

Principal _____

Athletic Director _____
(Sports only)

Superintendent _____

Treasurer _____