

SEATTLE PUBLIC SCHOOLS ASB Activity Approval and Reconciliation Form

FOR ASB COUNCIL USE ONLY
 APPROVED DENIED

A. Student Group - Is this a fundraiser? yes no

| | | |
|--|---|---------------------------------------|
| School or Program Name: | | |
| Group Name: | Cost Center Number: | |
| Proposed Activity: | | |
| Intended Use of Profits: | | |
| ESTIMATED: Revenue \$ | Less Expenses \$ | Equals Profit \$ |
| Is this a co-sponsored activity? <input type="checkbox"/> no <input type="checkbox"/> yes, attached is a copy of the agreement | | |
| Proposed Starting Date: | Proposed Ending Date: | |
| | | |
| Date Event Received Group Approval | Signature of Group's Student Representative | Signature of Group's Activity Advisor |

B. ASB Council

| | | |
|--|--|--|
| Proposal received: | Proposal reviewed: | Was a quorum present? <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | |
| Printed Name of ASB Council Representative | Printed Name of ASB Activities Coordinator | Printed Name of Principal |
| Signature of ASB Council Representative | Signature of ASB Activities Coordinator | Signature of Principal |

C. Sales Analysis

Variances greater than 25% require an explanation be attached

| | Proposed | Actual | Variance | % |
|--------------------------------|-------------------------------|-------------------------------|----------|-------|
| Units of merchandise purchased | _____ | _____ | _____ | _____ |
| Units returned to vendor | _____ | _____ | _____ | _____ |
| Net units available for sale | _____ | _____ | _____ | _____ |
| Selling price per unit | \$ _____ | \$ _____ | \$ _____ | |
| Gross Sales | \$ _____ | \$ _____ | \$ _____ | |
| | | | | |
| Date Analysis Prepared | Signature of Student Preparer | Signature of Activity Advisor | | |

D. Profit Analysis

Variances greater than 25% require an explanation be attached

| | Proposed | Actual | Variance | % |
|------------------------------|-------------------------------|-------------------------------|----------|---|
| Purchase cost of merchandise | \$ _____ | \$ _____ | \$ _____ | |
| Other cost - _____ | \$ _____ | \$ _____ | \$ _____ | |
| Other cost - _____ | \$ _____ | \$ _____ | \$ _____ | |
| Other cost - _____ | \$ _____ | \$ _____ | \$ _____ | |
| Other cost - _____ | \$ _____ | \$ _____ | \$ _____ | |
| Expense Total | \$ _____ | \$ _____ | \$ _____ | |
| Net Profit | \$ _____ | \$ _____ | \$ _____ | |
| | | | | |
| Date Analysis Prepared | Signature of Student Preparer | Signature of Activity Advisor | | |

E. Deposit Confirmation

| | | | |
|-----------------|-------------------------|------------------------|---------------------|
| \$ _____ | _____ | _____ | _____ |
| Total Deposited | Date Deposits Confirmed | Printed Name of Fiscal | Signature of Fiscal |