

FUNDRAISER REQUEST

All Fundraisers must be submitted for approval to the ASB Bookkeeper 2 weeks prior to the Fundraising Event

Date Submitted: _____

Class/Club Requesting Fundraiser: _____

Class/Club Advisor (Name): _____

Fundraiser Contact: _____

Description of Fundraiser: _____

Purpose of Fundraiser: _____

Location of Fundraiser: _____

Fundraiser Start & End Dates: _____

Each Fundraising Request must be submitted with:

- Revenue Potential

ASB APPROVAL

ASB Bookkeeper: _____

Date: _____

ASB Administrator: _____

Date: _____

ASB Officer: _____

Date: _____

ASB Advisor: _____

Date: _____

Date: _____

BRIDGE VALLEY JOHN LIMITED

ACTIVITY

DATE

ADVISOR

CLUB

EXPECTED

ACTUAL

DIFFERENCE

REVENUE

SALES Quantity x Sales Price

\$

\$

\$

OTHER REVENUE

REVENUE

REVENUE

REVENUE

REVENUE

REVENUE

REVENUE

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