

SEATTLE PUBLIC SCHOOLS ASB Activity Approval and Reconciliation Form

FOR ASB COUNCIL USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> 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