

MONEY MAKING REQUEST FORM

Name of Organization _____

President _____

Advisor _____

Type of Product or Service _____

Date of Week of Sale or Service _____

Name of Company and Address from which product will be acquired _____

Company Contact Person _____

*Cost of Product to Organization _____

*Price of Product to Customer _____

Estimated Profit from Sales _____

For what purpose(s) will profit be used _____

Approved _____ Denied _____

Signature of Principal _____ Date _____

Signature of Superintendent _____ Date _____

*If multiple produces are sold attach a copy of costs and prices.

END OF SALES REPORT

To be submitted through Principal to Superintendent by May 1st of the year.

Number of students in the organization _____

Number of students who actually sold the product _____

Price of product to customer _____

Actual profit realized _____

How was this money spent _____