



**NORTON CITY SCHOOLS
FUNDRAISER FORM**

PO # _____

Date: _____

Organization: _____

Beginning Date: _____ Ending Date: _____

Is this Fundraiser on your Current Goal & Purpose Statement? Yes or No

Proposed Sales Project: _____

Profits will be used to: _____

Vendor: _____

Address: _____

Approx. Quantity to be ordered: _____ Approx. Cost per unit: \$ _____

Proposed Sale Price per unit: \$ _____

Advisor Name (print) _____

Advisor Signature: _____

Principal Approved: _____ Date: _____

Superintendent: _____ Date: _____

****If this fundraiser request involves the purchasing or ordering of products, a requisition MUST be created and a Purchase Order issued PRIOR to the beginning of the sale. ****

****Failure to do so will cause you to be held personally responsible for payment.****

*******THIS SECTION TO BE COMPLETED AT CONCLUSION OF FUNDRAISER*******

When you receive an invoice from the vendor, please okay for payment and forward it to the Treasurer's Office.
Retain a copy for your records.



Qty Sold: _____ x Sale Price per unit \$_____ = \$_____

Qty Purchased _____ x Cost per Unit \$_____ = \$_____

Profit (Loss): _____ \$_____

Advisor Signature _____ Principal Initial _____