



# MADISON-CHAMPAIGN EDUCATIONAL SERVICE CENTER FUND RAISER REQUEST FORM

Directions:

1. This request is to be completed and submitted at least 10 days before the proposed fundraising project.
2. Attach to this request a requisition for the materials to be ordered for the sale if necessary.

Activity Group Name: \_\_\_\_\_

Activity Contact Name: \_\_\_\_\_

Purpose of Fund Raiser: \_\_\_\_\_

Vendor Name & Address: \_\_\_\_\_

Date(s) of Fund Raiser: \_\_\_\_\_

Items to be Sold: \_\_\_\_\_

Cost Per Item: \_\_\_\_\_ Sale Price of Item: \_\_\_\_\_

(Attach itemized sales sheet if more than one item being sold.)

Approved By:

Administrator in Charge: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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This section is to be completed when the project is concluded and sent to the Treasurer's Office.

Total Receipts from Sale: \_\_\_\_\_

Total Cost of Items Sold: \_\_\_\_\_

Profit (Loss): \_\_\_\_\_

\_\_\_\_\_  
Administrator in Charge      Date

\_\_\_\_\_  
Treasurer      Date