

# 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