

Kelso School District ASB Project/Fundraiser Request Form

Start Date: ____/____/____ End Date: ____/____/____ (final report due 2 weeks after)

Club Advisor: _____

OFFICE USE ONLY	
Coordinator Approval	_____
ASB Student Approval	_____
ASB POS Entered	_____

ASB POS Entered

Estimated Income from Project/Fundraiser

(Unit prices & descriptions needed to set up Point of Sale System)

Product/Item sold	Unit Price	No. Units	Total Income
Total Income:			

Estimated Expenses from Project/Fundraiser

Product Expense/Item Cost	Unit Price	No. Units	Total Expense
Shipping & Handling Charges:			
Total Expense:			

Project/Fundraiser Summary

Estimated Project/Fundraiser Income	
Estimated Project/Fundraiser Expense	
TOTAL EXPECTED PROFIT	