

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

**PACKET CONTENTS:**

<b>FORM</b>	<b>FOUND ON PAGE</b>	<b>INITIAL IF COMPLETE</b>
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*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

**ACTIVITY FUND REQUEST FOR ACCOUNT**

**DATE:** \_\_\_\_\_ **SITE:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**PURPOSE**

**SOURCE(S) OF INCOME**

**PLANNED EXPENSES**

**SPONSOR NAME**

**SIGNATURE**

**PRINCIPAL/DIRECTOR**

**SIGNATURE**

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**TO BE COMPLETED BY FINANCE DEPARTMENT**

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**BOARD OF EDUCATION APPROVAL DATE:** \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ _____	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ _____	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ _____	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ _____	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
~~BOARD OF EDUCATION APPROVAL DATE~~  
ASSISTANT SUPERINTENDENT  
OF ED SERVICES

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE