



Cesar E. Chavez High School

Associated Student Body

REVENUE POTENTIAL FORM



Club/ Organization: _____ Account # _____

Name of Fundraiser: _____

Date Approved (**ASB Office only**): _____ Date of Fundraiser: _____

FILL OUT THIS PORTION PRIOR TO YOUR FUNDRAISER AND RETURN TO THE ASB OFFICE WITH YOUR ACTIVITY REQUEST.

(IMPORTANT NOTE: Maggie Andrade will return this form to you in your money bag/box on the day of your fundraiser in order for you to complete the next section)

EXPECTED REVENUE AND SUMMARY

PRE-EVENT INFORMATION		Item #1	Item #2	Item #3	Item #4
1	Description of Items to be sold				
2	Number of Individual Units to be Sold				
3	Sales Price Per Individual Item	\$	\$	\$	\$
4	Total Revenue Potential (line 2 x 3)	\$	\$	\$	\$

FILL OUT THIS PORTION AFTER YOUR FUNDRAISER AND RETURN TO MAGGIE ANDRADE IN THE ASB OFFICE.

POST EVENT INFORMATION

Date Form Completed (*Post-event*): _____

5	Unsold Items on Hand (attach count)				
6	Sold Items				
7	Calculated Revenue from Sales (line 4 - (3x5))	\$	\$	\$	\$
8	Actual Proceeds from Sales (line 12)	\$	\$	\$	\$
9	Cash Shortage/Overage	\$	\$	\$	\$

PROCEEDS FROM SALES

	Item #1	Item #2	Item #3	Item #4	
10	Gross Cash Count/Total Including Change Funds	\$	\$	\$	\$
11	Less Change Fund/Money Bag Checked out	\$	\$	\$	\$
12	Product Expenses/Paid Vendor	\$	\$	\$	\$
13	Proceeds from Sales	\$	\$	\$	\$

Explanation of differences in cash counts and proceeds:

Explanation of differences in projected sales (expected revenue and actual revenue):

Advisor/Coach Signature (x) _____ Date: _____

Club Treasurer Signature (x) _____ Date: _____

ASB OFFICE USE ONLY

ASB Treasurer (x) _____ Date: _____

ASB Director (x) _____ Date: _____

