

**Emmaus High School
Fundraising Application**

Please complete the following application. Please remember to clear all dates and locations with the Main Office and the Activities Office before submitting this application. This application should be completed by the advisor and/or sponsor, and returned to the Activities Office at least two weeks prior to the scheduled event.

Name of Organization: _____

Advisor: _____ Home Phone: _____ Cell Phone: _____

Student Chairperson: _____ Home Phone: _____ Cell Phone: _____

Fundraiser Description: _____

Fundraiser Start Date: _____ Fundraiser End Date: _____ Fundraiser Location(s): _____

Fundraiser Start Time: _____ Fundraiser End Time: _____

Delivery Date: _____ Delivery Location: _____ Delivery Start Time: _____ Delivery End Time: _____

*****If refrigeration of goods is required, please contact the EHS Cafeteria to arrange accommodations.**

Type of Product & Product Information: _____

Product Information: _____

Vendor Name: _____

Vendor Address: _____ Vendor Phone Number: _____

Sales Representative: _____ Work Phone: _____ Cell Phone: _____

Cost of Item: _____ Selling Price of Item: _____ Estimated Gross Sale: _____ Profit Per Item: _____

IMPORTANT: Please submit a copy of the attached accounting report to Deb Muthard no later than 5 days after the conclusion of your fundraiser.

Procedure for Selling (Time, Place, Method, etc.): _____

Methods of Advertising: _____

Method of Payment to Company (Company should include Sales Tax): _____

Guarantees/Control Factors: _____

Fundraiser Approval

Principal's Approval/Signature: _____ Date: _____

Principal's Comments: _____

For Office Use Only

Activities Office _____

Emmaus High School Fund Raising Report

1. Determine whether or not the product(s) you are selling is/are taxable.
2. **Check to see if the vendor is licensed with the Pennsylvania Department of Revenue.** If they are, you can have them pay the sales tax on the wholesale amount.
3. **If you must pay the sales tax, the main office will take the tax money from your club account.**
4. Keep accurate records for the State Auditors. You must complete the financial statement below, attach an invoice from the vendor with tax information, and submit a copy to the Activities Office.

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Financial Statement for Fundraiser

Organization: _____ Report Date: _____

Advisor: _____ Home Phone: _____ Cell Phone: _____

Student Chairperson: _____ Home Phone: _____ Cell Phone: _____

Fundraiser: _____ Start Date/Time: _____ End Date/Time: _____

Income:

Non-Taxable Items Sold:

Receipts:

(A) Total Receipts _____

Taxable Items Sold:

Receipts:

(B) Total Receipts _____

Total (A) + (B) _____

Expenses:

Cost of Items:

Receipts:

(C) Total Expenses _____

Net Profit/Loss (Total Receipts less Expenses)

\$ _____