

FRANKLIN ELEMENTARY SCHOOL STUDENT ACTIVITIES FUNDRAISER PROPOSAL

Applicant Information

Faculty Member (s): Ms. K. Walters Mrs. Reid-Anglin Mrs. Oliveira Date: 11/14/22

Club Name: _____

Acct. No.: _____ Acct. Balance to Date: _____

Type of Fund Raiser: Ornament Sale

Purpose of Fund Raiser: _____
To offset fees associated with kindergarten's
Spring field trip.

Start Date of Project: 12/16/22 Completion Date of Project: 12/20/22
 Date of Sale(s): From 12/16/22 To: 12/20/22
 Sale Area/Location: Franklin
 Sale will be monitored by: Ms. Walters, Mrs. Reid-Anglin, Mrs. Oliveira

*****ATTACH PUBLICATION FROM VENDOR OF ITEMS TO BE SOLD*****

Vendor Representative's Name: _____

Vendor Business Name: _____

Vendor Address: _____

City: _____ State & Zip code: _____

Unit Cost of Product/Service:		\$	
Proposal Sale Price:		\$	
Total Cost of all Products Not to Exceed:		\$	
Minimum Total Profit Expected:		\$	

Faculty Advisor Signature

Signature: _____ Date: _____

(Vice) Principal Signature

Signature: _____ Date: _____

School Treasure Signature

Signature: _____ Date: _____

Placed on BOE Meeting Agenda for:

Month:		Year:		Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	By:	
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