

Revenue Potential/Fundraising Recap

Student Activities Office
Use Only
Activity # _____
Initials _____

Organization: _____ Account #: _____
 Activity: _____ Date(s) of Activity: _____
 Contact Person/Organization Rep: _____ Phone #: _____
 Advisor: _____ Advisor Extension: _____

PART I

BEFORE the activity begins, **ESTIMATE** this basic information:
 (Please submit with your Activity Form 3 weeks prior to the event.)

1. Estimated Sales: \$ _____

2. Purchase Cost/Expense: \$ _____

3. Estimated Net Income: \$ _____

Description: (include unit price, # of items/boxes purchased. Attach price list/flyer.)

PART II

REQUEST FOR ADVANCES (This portion should be submitted to the Student Business Office along with a check request.)

Payee	Description	Estimated Cost
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL ADVANCE AMOUNT:		\$ _____

PART III

DURING and **AFTER** the activity, **RECORD** the monies collected:
 (Please submit to the Student Business Office with final deposit.)

	Actual	Estimated*	Difference**
1. Sales:	A. \$ _____	D. \$ _____	\$ _____
2. Purchase Cost:	B. \$ _____	E. \$ _____	\$ _____
3. Net Income:	C. \$ _____	F. \$ _____	\$ _____

(Subtract B from A=Actual Net Income)

*Copy from part I above.
 **Compare estimated (above) to actual.

Reason for difference: (For example: Did some of the items go unsold? If so, return items to the advisor. Did any items get lost or stolen? If so, give a list of the lost or stolen items to the advisor. Other, damaged, spoiled, returned, given away items.)

REQUEST FOR REIMBURSEMENTS
 (This portion should be submitted to the Student Business Office along with a check request.)

TOTAL EXPENSES: \$ _____
 (Itemize and attach receipts) same as B above

LESS ADVANCES: (see PART II) \$ _____

TOTAL REIMBURSEMENT DUE \$ _____

****DEPOSITS MUST BE MADE WITHIN 24 HOURS UNLESS ACTIVITY FALLS ON WEEKEND/HOLIDAY.****

Signature of Depositor: _____ Date: _____
 Signature of Advisor/Program Director: _____ Date: _____
 Verification /SBO: _____ Date: _____