

The School District of Springfield R-XII
Summary of Fundraising Activities Form

*(Submit this form to the Building Principal or Site Administrator
within two weeks after the fundraiser)*

Date(s) of Fundraiser _____

Club/Organization Name _____

Type of Fundraiser _____

If applicable, were the District Wellness Policy guidelines followed? Yes _____ No _____

Amount of Funds Raised _____

Less: Fundraising Expenses _____

Net Profit _____

% of Profit _____

Would this fundraising campaign be used again? Why or why not?

Funds deposited to GL Account # _____

Expenses charged to GL Account # _____

Signature: _____ **Date:** _____

Club/Organization Sponsor

Signature: _____ **Date:** _____

Designated Administrator

(Administrator: Completed form must be maintained on site and readily available for audit review)