

STARTING A FUNDRAISER FOR YOUR STUDENT ACTIVITIES (SAA)

Approval process can take 2 weeks from beginning to end—start early---don't start any part of ORDERING OR SALES until you have the white copy of the purchase order (PO).

ALL FORMS ARE ON THE INTRANET>FORMS>bottom of forms page SAA Forms

Click on

Budgets are
Posted

1-POTENTIAL

1a-MINUTES

1b-COMPANY LITERATURE SHOWING PRICES or quote

1c-Requisition to order products (see sample)

1d-IF vendor is not in system, submit a NEW VENDOR FORM to your supervisor to get the vendor in the system before submitting a REQ—start early.

2-COMPLETION

2a-COPY OF COMPANY INVOICE goes with completion—ORIGINAL INVOICE GETS SIGNED BY YOU WITH A NOTE AS SUCH

“ok to pay”—SIGNATURE / DATE and sent to Treasurer office for payment.

* if you are selling in-hand product cash sales, use

Fundraising Accounting
Form

Do this early ^{1st} .. takes a while to research Co.

WCSCC

New Vendor Request Form

Requested vendor : Name CANDY R US
Address 434 MAIN STREET
SMITHVILLE, OH 44444
Phone 330 669-6666
Fax NONE
E-Mail CANDYMAN@GMAIL.COM

Reason for request: FUNDRAISER FOR DENTAL

Anticipated frequency of use: 1 OR 2 TIMES A YEAR

Vendor accepts purchase orders Yes ☒ No ☐
Vendor is in the United States Yes ☒ No ☐

****Vendors outside the United States will not be permitted. No exceptions****

Requested by: KGARVER *Signature*

Supervisor approval: _____

Treasurer's Office Use Only:

Ohio Secretary of State Business Filing Portal _____
Auditor of State Findings for Recovery Database _____
U.S. System for Award Management (SAM) Excluded Parties _____
W-9 date requested _____ ****Must have a completed W9 before Vendor will be approved****

Treasurer approval: _____

New vendor # _____

Entered in USAS _____

Only needed if the Vendor is not in our system

Submit to your supervisor



SALES PROJECT POTENTIAL

STEP 1

- 1 - Potential
- 2 - Minutes
- 3 - Go literature/quota showing prices
- 4 - Re a See sample

Student Activity Program: DENTAL ASST SAA Account Number: 961 A

Proposed Sales Project: CANDY SALES--OUT OF SCHOOL SALES ONLY

First Day of Sale: 12-1-16 Last Day of Sale: 12-15-16

Company Furnishing Product: CANDY R US

Company Address: 434 MAIN STREET

City: SMITHVILLE State: OH Zip: _____

Company Representative: CANDY MAN

Quantity/Units of product to be ordered: 50 CASES OF 2 BARS EACH CASE=100 BARS
and/or services to be rendered

Cost per unit and or service \$ 1

Proposed sale price per unit or service \$ 2

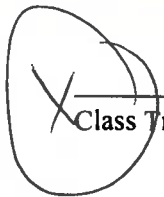
Estimated profit from this project \$ \$1 BAR * 100 = \$100

Important

WAIT for PO

(Write copy of purchase order)

before ordering
or selling
Anything



Class Treasurer

Date

Your Signature
Staff Advisor

Date

Your Supervisors Signature
Area Supervisor

Date

Chris' Signature
CTSO Coordinator

Date

Reference Guide:

Expense	=	Quantity times Cost Per Unit
Revenue	=	Quantity times Sales Price Per Unit
Profit	=	Revenue minus Expenses

* All fundraisers must be Voluntary -- Cannot require students to participate.

Submit to Cboyan X2023

REQ

Allow 7-10 days to get white copy of PO back -- must have before ordering anything.

This is a REQUISITION FORM. A Purchase Order must be signed before order is considered valid.

WAYNE COUNTY SCHOOLS CAREER CENTER

518 W. PROSPECT ST. SMITHVILLE, OH 44677 PHONE 330-669-7000 FAX 330-669-7001

DATE OF ORDER 11-11-16

DATE REQUIRED 11-20-16

VENDOR: CANDY R US
434 MAIN STREET
SMITHVILLE OH 44444

SHIP TO: Attn: KGARVER
Wayne County Schools Career Center
518 W. Prospect St
Smithville, OH 44677

☐ We HAVE used this Vendor before.

☒ We have NOT used this Vendor before. A new Vendor account is needed. Please see your Department Chair first.

QUANTITY	UNIT	ITEM/CAT#/DESCRIPTION	UNIT PRICE	AMOUNT
100		1-- BARS--50 CASES OF CANDY BARS (20 PER CASE)	\$1.00	\$100.00
		OUT OF SCHOOL SALES ONLY		
		DENTAL FUNDRAISER-12-1-16 TO 12-15-16		
		ALWAYS ASK ABOUT SHIPPING		
		Estimated Shipping & Handling		\$10.00

School Districts Are Exempt From Federal Excise Taxes and Ohio Sales Tax

TOTAL

\$110.00

Remarks:

Account #s
and splits

Line	FUND	FUNC	OBJ	SCC	SUBJ	O.U.	I.L.	JOB	AMOUNT	Current Bal by Dept Chair
1	200	XXXX	XXX	961A						
2										
3										
4										
5										

Requisitioned by: KGARVER

Dept. Chair Approval:

Date:

White Copy to: ☐ Mail

☒ Return to: KGARVER

Office Use: Requisition No:

Goes With Potential
(Not completion)

WAYNE COUNTY SCHOOLS CAREER CENTER
Career Technical Student Organization

Program NAME

STUDENT ACTIVITY ACCOUNT #9XXA

Meeting Minutes

DATE ____/____/2017_ ____ AM / PM./Location - Lab

1. **OPENING** - President _____ called the meeting to order.

2. **ROLL CALL** - Treasurer called attendance roll call.

3. **MINUTES OF LAST MEETING** - Secretary read minutes of last meeting.

4. **REPORTS - Treasurer Report** - A report was given.

5. **BUSINESS** (old/new)- Our President listed **new** business—

Discuss to vote

1- Candy Fundraiser (CANDY R US)

2-

_____ made a motion to discuss and approve ABOVE item 1 as presented and discussion ensued.

_____ seconded the motion. The group voted and the motion passed for item 1.

_____ made a motion to discuss and approve ABOVE item 2 as presented and discussion ensued.

_____ seconded the motion. The group voted and the motion passed for item 2.

6. **ADJOURNMENT** - _____ made a motion to adjourn meeting.

_____ seconded the motion. Motion passed. President adjourned meeting.

_____/_____/20XX

Candy 2 US



(0)

WHY WORLD'S FINEST ▾

START FUNDRAISING ▾

RESOURCE LIBRARY ▾

SHOP ▾

HOME | START FUNDRAISING | GET STARTED | \$1 BAR

START FUNDRAISING

GET STARTED

[\\$1 BAR](#)[\\$2 BAR](#)[VARIETY PACKS](#)[CONTINENTAL COLLECTION](#)[PRE-SALE](#)[WORKING WITH SALES REP](#)[PERSONALIZATION](#)[FAQS](#)[SALES CAREERS OPPORTUNITIES](#)

\$1 BAR



OUR MOST POPULAR FUNDRAISER

Since 1949, people have come to rely on our \$1 bar as their primary way to fundraise. We still offer this option today, and it is as popular as ever! Here are some benefits of our \$1 bars:

- Everyone has \$1. Your supporters are happy to purchase a fundraiser for this reasonable price.
- Up to 50% profit on all \$1 products sold*.
- They're as good as you remember. Not only are our \$1 bars affordable, but they're also a premium quality chocolate, so you're getting a great value.
- Assorted flavors for all tastes.

Shows Prices

Reset Form

STEP 2

Print Form



SALES PROJECT COMPLETION

Due 2 weeks after
Project is done

Student Activity Program: DENTAL ASST SAA Account Number: 961A

Description of Project: CANDY SALES Date of Sale: 12/15/16

PURCHASES

Vendor ('s): CANDY R US

Item Description:	Quantity:	Unit Price:	Total:
1. <u>CANDY BARS-50 CASES</u>	<u>100</u>	\$ <u>1.00</u>	\$ <u>100.00</u>
2. <u>50 CASES W/ 20 BARS PER</u>		\$	\$
3. <u>CASE=100 BARS TOTAL</u>		\$	\$
4. _____		\$	\$
5. _____		\$	\$
6. _____		\$	\$
7. _____		\$	\$
8. _____		\$	\$
9. _____		\$	\$

TOTAL PURCHASE: (A) \$ 100.00

RETURNS

1. _____		\$ <u>0.00</u>	\$ <u>0.00</u>
2. _____		\$	\$
3. _____		\$	\$

TOTAL RETURNS: (B) \$ 0.00

EXPENSE FOR ITEMS PURCHASED FROM VENDORS: (A MINUS B) (C) \$ 100.00

★ Attach Company Invoices that matches Sales

Very important to meet this date or contact me.

Submit to Choyan X 2023

REVENUE FROM SALES

Item Description:	Quantity:	Unit Price:	Total:
1. <u>CANDY SALES-50 CASES</u>	<u>100</u>	\$ <u>2.00</u>	\$ <u>200.00</u>
2. <u>EACH CASE HAS 20 BARS</u>	<u></u>	\$ <u></u>	\$ <u></u>
3. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u>INCLUDE INVOICES/W THIS</u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTAL REVENUE: (D)			\$ 200.00

EXPENSE FOR ITEMS PURCHASED FROM VENDORS: (C FROM PAGE 1) 100.00
(Manually bring item C from page one)

PROFIT (D MINUS C)	\$	100.00
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MONEY UNACCOUNTED FOR (explain below): **\$ 0.00**

IF YOU HAD MONEY MISSING OR UNACCOUNTED FOR, THIS IS WHERE THIS IS EXPLAINED. ANY STOLEN PROPERTY MUST HAVE A POLICE REPORT FILED BY THE STUDENT/STUDENT PARENTS TO BE ACCEPTED BY THE SCHOOL AS LOST MONEY.

Money or items not returned is reported by advisor for addition to student fees.

Class Treasurer

Date _____

Staff Advisor

Date _____

Area Supervisor

Date _____

CTSO Coordinator

Date _____

Reference Guide:

Expense	=	Quantity times Cost Per Unit
Revenue	=	Quantity times Sales Price Per Unit
Profit	=	Revenue minus Expenses

CANDY R US

CANDY BAR SALES
434 MAIN STREET
SMITHVILLE OH

SOLD TO

WAYNE COUNTY SCHOOLS CAREER CENTER - DENTAL

50 CASES * 20 BARS

PRODUCT

PAY THIS AMOUNT

CANDY BARS

1

100

100 BARS

COST

100

BY 1-10-16

Actual ^{Copy of} Invoice
goes with
Completion

(The original invoice gets
Submitted to Treasurer's office
with this kind of note)

OK to Pay
~~Treasurer's signature~~

12/15/16
date

FROM COMPANY
SAMPLE INVOICE

FUNDRAISER ACCOUNTING FORM--IN-HAND PRODUCT ONLY

SUBMIT COMPLETED FORMS WITH THE SALES PROJECT COMPLETION form

PROGRAM NAME / SAA # _____

ZERO BALANCE is
required to issue
add'l

PRODUCT DESCRIPTION/PRICE _____

COMPLETION DATE: _____

if applicable
\$AMT/DATE
ADDED
TO FEES

#	NAME	#OUT	STU INITIALS & date	\$\$\$ RETURNED & date	PRODUCT RETURNED & date	STU INITIALS & date	\$\$\$ BALANCE	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
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