	Click HERE for the AISD Approved Vendor List	
Office Use ONLY: Google Form $\Rightarrow$ Approved $\square$ Denied $\square$	-	
Office use ONLY. Google Form 7 Approved  Defiled	AISD $\rightarrow$ Approved $\square$ Denied $\square$	
Bowie High School Activity Fund		
Sales and Fundraiser Request and Operating Report		
(Submit 30 Days in Advance)		
List all group(s) involved (Include percent of profit if more than one group):		
Sch	hool Organization	
	oup Name Percent of Profit	
Booster		
School Organization		
Outside Organization (Rentals must go through Penny Stotts)		
(Nervas mast go timoagn remity stotes)		
Name of Person Requesting Fundraiser/Sales:		
Activity Fund Account Name:		
Company Name of Fundraiser/Sales:		
Description of Activity (Include unit sales price and/or attach brochure, if applicable):		
Location of Fundraiser/Sales:		
Date(s): Begin: End:		
TIME FUNDRAISER/SALES BEGINS AT:		
Delivery Date:		
Submitted request via Facility/Fundraiser Google Form:		
Specific purpose for which net proceeds are to be used:		
Sales Tax: ☐ Tax-exempt Sale ☐ One Day Tax Free Sale ☐ Sales Tax Collected		
This is fundraiser # I have requested this year. PU	UT ON BOWIE CALENDAR	
Sponsor must complete <b>BEFORE</b> fundraiser/sales.	Sponsor must complete <b>AFTER</b> fundraiser/sales.	
Total expected collections	Total expected collections	
LESS:	LESS:	
Expected cost of items sold	Actual cost of items sold	
Expected sales related costs	Actual sales related costs	

(advertising, prizes, etc.) (advertising, prizes, etc.) Sales Tax, if applicable Sales Tax, if applicable **Expected Net Profit Actual Net Profit** Sponsor Signature Date Sponsor Signature Date Principal Signature Principal Signature Date Date