

**SALES PROJECT POTENTIAL
CLEVELAND METROPOLITAN SCHOOL DISTRICT**

DATE _____

SCHOOL NAME _____ SCHOOL # _____

Name of School Group: _____ Advisor's Name: _____

Purpose Activity _____

Product to be Sold or
Fund Raising Activity _____

Estimate your cost _____

Estimate selling price _____

Estimate how much money, fund raising activity will receive _____

Company and Address _____

Date sale to begin: _____ **Date sale is to end:** _____

Advisors whose groups are conducting a fund raising activity are responsible for the entire project. They must deal with the salesman, order the product, distribute the product to the students, collect the money from the students, turn in the money to the office, return unused portion to the company. **All advisors and principals are cautioned that they are responsible to the company for the payments of all goods received.**

Advisor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Approved By: _____

Budget Division

THIS SECTION TO BE FILLED OUT WHEN THE FUND RAISER IS COMPLETED:

Total Purchases	Total Deposit

Advisor's Signature Date

Principal's Signature Date