

Project # \_\_\_\_\_

### Sales/Service Project Potential

The Sales/Service Project Potential form is designed to account for the income (actual and projected) from services rendered by student activity programs. The purpose is to provide information to sponsors and administrators of the various projects and to be sure they are functioning according to adopted Board policies.

Code \_\_\_\_\_ Activity Name \_\_\_\_\_

Type of Sale/Service \_\_\_\_\_

Date of Sale/Service: From \_\_\_\_\_ To \_\_\_\_\_

How will Project take place (3A, lunchtime, after school) \_\_\_\_\_

Where will Project take place \_\_\_\_\_  
(remember to complete building permit when necessary)

Profits from this project to be used for \_\_\_\_\_

\_\_\_\_\_

Date paperwork will be completed \_\_\_\_\_

#### Service Project:

Group for who service will be performed \_\_\_\_\_

Terms/Arrangements (if any) \_\_\_\_\_

Representative \_\_\_\_\_

#### Sales Project:

Company and Address \_\_\_\_\_

\_\_\_\_\_

Quantity to be Ordered \_\_\_\_\_

Cost Per Unit \_\_\_\_\_ Proposed Sale Price Per Unit \_\_\_\_\_ Anticipated Profit \_\_\_\_\_

Representative \_\_\_\_\_

Requested By:

Approved By:

\_\_\_\_\_  
Activity Advisor Signature

\_\_\_\_\_  
Building/Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\*\*\*Reverse side is to be completed when project is complete\*\*\*

Complete this section when project is completed

Purchases

P.O. # _____	Total _____
_____	Total _____
_____	Total _____
_____	Total _____

Total Paid for Merchandise \$ \_\_\_\_\_

Less Returned Items \$ \_\_\_\_\_

Total Purchases \$ \_\_\_\_\_

Total to be Accounted for \_\_\_\_\_ units @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Receipts

# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____
# _____	\$ _____

Total of Receipts \$ \_\_\_\_\_

Profit (Subtract Total Purchases from  
Total of Receipts) \$ \_\_\_\_\_

Quantity unaccounted for \_\_\_\_\_

Please Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Activity Advisor Date

\_\_\_\_\_  
Building Principal Date

\_\_\_\_\_  
Superintendent Date