

Ellicottville Central School

Activity Funds Plan and Report
NYS Taxes Paid When Club Pays Taxes to Vendor
 (One form must be completed for each fundraising activity)

Club: _____ Date: _____

The above group is requesting permission to is requesting permission to conduct the following activity in compliance with the extraclassroom activity procedures, regulations and policies of the Ellicottville Central School. All receipts and disbursement of funds will be made in accordance with the Ellicottville Central School District procedures, regulations and policies.

Activity Planned: _____

Expenses (Costs)	Column A Projected	Column B Actual
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Net Expenses	_____	_____
Taxes Paid	_____	_____
Total Expenses (Net Expenses + Taxes Paid)	_____	_____

Receipts (Income)	Projected	Actual
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Total Receipts	_____	_____

Gross Profit (Total Receipts – Net Expenses) _____

Is revenue subject to NYS Sales Tax
 Yes No
 If Yes: Sales Tax (Gross Profit *.0825) _____

	Projected	Actual
	_____	_____

Net Profit (Gross Profit – (Sales Tax + Taxes Paid)) _____

	Column A		Column B	
	Signature	Date	Signature	Date
Faculty Advisor	_____	_____	_____	_____
Student Treasurer	_____	_____	_____	_____
Central Treasurer	_____	_____	_____	_____
Principal	_____	_____	_____	_____

