

Ellicottville Central School

**Activity Funds Plan and Report**

**Ticket Sales / Admission**

(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: \_\_\_\_\_

	<b>Column A</b>	<b>Column B</b>
Ticket Sales (Ending Number – Starting Number)	Projected	Actual
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Total Receipts	_____	_____
Gross Profit	_____	_____
Is revenue subject to NYS Sales Tax		
Yes <input type="checkbox"/>	Projected	Actual
No <input type="checkbox"/>		
If Yes: Sales Tax (Gross Profit *.0825)	_____	_____
Net Profit (Gross Profit – Sales Tax)	_____	_____

	<b>Column A</b>		<b>Column B</b>	
	Signature	Date	Signature	Date
Faculty Advisor	_____	_____	_____	_____
Student Treasurer	_____	_____	_____	_____
Central Treasurer	_____	_____	_____	_____
Principal	_____	_____	_____	_____