

# Revenue Potential /Fundraising Recap

**Student Activities Office**  
**Use Only**  
 Activity # \_\_\_\_\_  
 Initials \_\_\_\_\_

Organization: \_\_\_\_\_ Account#: \_\_\_\_\_  
 Activity: \_\_\_\_\_ Date(s) of Activity: \_\_\_\_\_  
 Contact Person/Organization Rep: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Advisor: \_\_\_\_\_ Advisor Extension: \_\_\_\_\_

**Part I**  
**BEFORE** the activity begins, **ESTIMATE** this basic information:  
 (Please submit with your Activity Form 3 weeks prior to the event.)

1. Estimated Sales: \$ \_\_\_\_\_  
 2. Purchase Cost/Expense: \$ \_\_\_\_\_  
 3. Estimated Net Income: \$ \_\_\_\_\_

**Description:** (include unit price, #of items/boxes purchased. Attach price list/flyer.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II**  
**REQUEST FOR ADVANCES** (This portion should be submitted to the Student Business Office along with a check request.)

<u>Pavee</u>	<u>Description</u>	<u>Estimated Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL ADVANCE AMOUNT:</b>		<b>\$ _____</b>

**Part III**  
**DURING** and **AFTER** the activity, **RECORD** the monies collected:  
 (Please submit to the Student Business Office with final deposit.)

	<u>Actual</u>		<u>Estimated*</u>	<u>Difference</u>
1. Sales:	A. \$ _____		D. \$ _____	\$ _____
2. Purchase Cost:	B. \$ _____		E. \$ _____	\$ _____
3. Net Income:	C. \$ _____		F. \$ _____	\$ _____

(Subtract B from A=Actual Net Income)  
 \*Copy from part I above.  
 \*\*Compare estimated (above) to actual.

**Reason for difference:** (For example: Did some of the items go unsold? If so, return items to the advisor. Did any items get lost or stolen? If so, give a list of the lost or stolen items to the advisor. Other, damaged, spoiled, returned, given away items.)  
 \_\_\_\_\_  
 \_\_\_\_\_

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**REQUEST FOR REIMBURSEMENTS**  
 (This portion should be submitted to the Student Business Office along with a check request.)

TOTAL EXPENSES: ..... \$ \_\_\_\_\_  
 (Itemized and attached receipts) same as B above

LESS ADVANCES: (see PART II) ..... \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT DUE** **\$ \_\_\_\_\_**

**\*\*DEPOSITS MUST BE MADE WITHIN 24 HOURS UNLESS ACTIVITY FALLS ON WEEKEND/HOLIDAY.\*\***

Signature of Depositor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Advisor/Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Verification/SBO: \_\_\_\_\_ Date: \_\_\_\_\_