



**PEWAMO-WESTPHALIA COMMUNITY SCHOOLS
Fundraiser Approval Form**

P-W Staff/Coach coordinating the fundraiser: _____

Cell phone number: _____ Email address: _____

Program (i.e. Girl's Basketball, Dance Club, Junior Class, etc.) _____

Fundraiser Beginning Date: _____ Fundraiser Ending Date: _____

Fundraiser Description (please be thorough in your description):

Will this fundraiser be subject to sales tax? Yes No

Please attach the vendor verification that indicates the vendor will pay/report the tax and the company flier/handout/order form if applicable.

Please note: Sales tax is NOT required for donation services (i.e. car washes, can drives, cheer clinic fees, etc.)

FUNDRAISING REQUIREMENTS:

1. Submit this form to the Athletic Director (for coaches) or Building Principal (for Clubs, Advisor, other groups) at least 14 days in advance of the beginning date of the fundraiser
2. All checks received must be made to P-W Schools (not individuals)
3. Deposit checks promptly as received in the Central Office drop box or to the Elementary School office staff. Do not hold checks until all checks are received.
4. Include a copy of this form with the final deposit, along with the Fundraising Financial Reporting Form.
5. If liable for sales tax, the Business Manager will make the tax payment from the activity account after the final deposit is made.

Signature of Fundraising Coordinator: _____ Date: _____

APPROVALS:

Athletic Director/Building Principal: _____ Date: _____

Superintendent: _____ Date: _____



PEWAMO-WESTPHALIA COMMUNITY SCHOOLS

**Fundraising Financial Reporting Form
(to be completed at the completion of the fundraiser)**

Directions:

1. Complete this form in its entirety
2. Attach a copy of the original fundraiser approval form
3. Attach verification that the vendor is paying the sales tax OR documentation for Business Manager to make the tax payment
4. Attach receipts for expenses incurred
5. Attach final deposit

P-W Staff/Coach coordinating the Fundraiser: _____

Cell phone number: _____ Email address: _____

Fundraising Event: _____

TOTAL FUNDS RECEIVED: \$ _____

COSTS INCURRED: \$ _____ Expense for: _____
(please attach receipts)

\$ _____ Expense for: _____

\$ _____ Expense for: _____

\$ _____ Expense for: _____

TOTAL COSTS INCURRED: \$ _____

PROFIT: \$ _____

Has sales tax been paid?

- Yes, I have attached verification that indicates the vendor will pay/report the tax.
- No. The total amount of goods sold subject to sales tax is \$_____. The Business Manager will calculate sales tax owed based on this amount and remit to the State of Michigan.

Date received in Central Office: _____