

MINFORD LOCAL SCHOOL DISTRICT

SALES PROJECT ACTIVITY PROGRAM REQUISITION

Date _____ Group, Club or Organization Name _____

Proposed Sales Project: _____

Company and Address: _____

Representative: _____ Quantity Ordered: _____

Cost per unit: _____ Sales price per unit: _____

Sponsor _____ Date _____ Superintendent _____ Date _____

Building Principal _____ Date _____ Treasurer _____ Date _____

(AFTER APPROVAL AND PROJECT IS FINISHED, COMPLETE BOTTOM PORTION AND SECOND PAGE AND RETURN FOR SIGNATURES.)

Total _____ Total (Retail) _____
Quantity Sold: _____ Sales Value: _____

(Use second page for detailed account.)

Less Cost Value: _____

Gross Profit/Loss: _____

Quantity Unsold: _____ Cost Value: _____

(Explanation on second page.)

Net Profit/Loss: _____

Sponsor _____ Date _____ Superintendent _____ Date _____

Building Principal _____ Date _____ Treasurer _____ Date _____