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
Quantity Sold: ___________________________
(Use second page for detailed account.)

Total (Retail)
Sales Value: _________________________________

Less Cost Value: ________________________________

Gross Profit/Loss: _______________________________

Quantity Unsold: _____________________
(Explanation on second page.)

Cost Value: ____________________________________

Net Profit/Loss: _________________________________

____ ____

Sponsor Date Superintendent Date

____ ____

Building Principal Date Treasurer Date

Clear Form

PRINT

FORM MUST BE COMPLETED FOR EACH DIFFERENT ITEM: CANDY BY KIND, AMOUNT IN BOX AND COST PER BAR.

ITEM	QUANTITY BOUGHT	WHOLESALE COST PER ITEM	TOTAL VALUE	QUANTITY SOLD	RETAIL COST PER ITEM	TOTAL VALUE	* QUANTITY UNACCOUNTED	VALUE	PROFIT	LOSS
*EXPLANATION FOR LOSS: EX. STOLEN, OR STUDENT DID NOT RETURN MONEY, ETC. LIST STUDENTS NAME AND AMOUNT.										

Print Clear