

CHS Community Service and Philanthropy Request Form

Today's date: _____ Master calendar checked?: _____

Club/Class/Organization Requesting: _____

Description of Service Project: _____

Goals of Service Project: _____

Student in Charge: _____ Phone Number: _____

Advisor: _____ Phone Number: _____

Date of Service Project: _____

Location of Service project: _____

of Students Involved: _____

Advisor Signature: _____

*** Revenue potential form must be attached.**

Date submitted: _____ Received by: _____

ASB Approval: YES NO TABLED

Date: _____

Approved by principal: _____

Donations Revenue Potential

ASB Club: _____

Advisor: _____

Fundraiser: _____

Date(s): _____

REVENUE

Expected Donations: Price: \$ _____ + # items _____ = \$

Other Expected Donations: _____ = \$

Actual Donations: Price: \$ _____ + # items _____ = \$

Other Actual Donations: _____ = \$ _____

Total Donations Collected: \$ _____

EXPENSES

	Expected	Actual
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____

SUMMARY

Expected Total Donations = \$ _____ Actual Donations = \$ _____

Expected Total Expenses = \$ _____ Actual Expenses = \$ _____

Expected Total = \$ _____ Actual Total = \$ _____

ASB:

ASB Business Meeting: _____ Date _____

Officer ASB Approval: YES NO TABLED

Principal's Approval: _____ Date: _____

Date Submitted: _____