



Administrative Offices
137 Clough Street
Bowling Green Ohio 43402

**BOWLING GREEN CITY SCHOOLS
FUNDS ACCOUNTABILITY FORM (FAF)**

FAF # _____ For Treasurer's Use Only

The Funds Accountability Form is designed to account for any project or event conducted by a student activity program in which money will be collected and/or spent. The form provides information to sponsors and administrators about the project or event as well as showing the finances of the project or event. (This form is not to be used for PTO, Booster Groups or other parent organizations.)

Student Activity Organization: _____ **Fund:** _____ **SCC:** _____

Circle One: Sale of Products Dance Dinner Other (explain): _____

Date(s) of project/event: _____

Company from which products/services to be purchased:

Company Name: _____

Company Contact Person: _____

Company Address: _____

Company Telephone Number: () _____

Estimated Collections (Choose appropriate section):

Description of Product	Quantity	Cost per Unit	Sale Price per Unit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Admissions	Quantity	Admission Price
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other type of collections:

Description	\$ Amount Anticipated
_____	_____
_____	_____
_____	_____

Other Costs:

Description	\$ Amount Anticipated
_____	_____
_____	_____
_____	_____

Has this group had any other projects/events this school year? No ____ Yes ____ - How many? ____

Requested by:

Student Activity Group: _____

Faculty Advisor: _____

APPROVALS:

Principal: _____ Date Signed: _____

Superintendent: _____ Date Signed: _____

ALL PROJECTS/EVENTS MUST BE APPROVED BY PRINCIPAL AND SUPERINTENDENT AT LEAST 2 WEEKS PRIOR TO BEGINNING OF PROJECT OR EVENT DATE. DO NOT CONDUCT A PROJECT/EVENT WITHOUT THE PROPER APPROVALS.

(Complete other side of form at conclusion of project and submit to Treasurer)

COMPLETE THIS SIDE AT CONCLUSION OF PROJECT/EVENT

Sales/Admissions

Item Description	(1) Quantity Sold	(2) Unit Price	(1) X (2) Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(A) TOTAL _____

Deposited with Cashier

Cashier's Receipt No.	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(B) TOTAL DEPOSITS _____

Difference (A) – (B) _____

Explain difference if not \$0 (zero)

Purchases/Costs for Services

Item Description	(1) Quantity Purchased	(2) Unit Price	(1) X (2) Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(C) TOTAL PAID _____

NET PROFIT (A) – (C) _____

Sponsor Signature

Date

SEND ORIGINAL TO THE BOWLING GREEN CITY SCHOOL TREASURER UPON COMPLETION