

Box

STILLWATER BOARD OF EDUCATION

CFB-E1

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027

Sponsor Name: Kerri Yee

Name of Activity Fund: STUDENT SUPPLY

Account No : 801-053

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of the activity fund balance if it exceeds \$1000 and 30% of projected revenue:

CFO will direct transfer of funds to school sites in the new fiscal year.

PACKET CONTENTS:

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
APPROVAL OF ACCOUNT FORM	PAGE 2	KY
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ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 3	N/A

\* This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.

RECEIVED MAY 06 2026

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/30/26 SITE: ADM

ACCOUNT NAME: #801 Student Supply

PURPOSE

To provide school supplies, licenses and supplemental curriculum for orther sites within the district.

SOURCE(S) OF INCOME

AP Testing Fees, Class Supplies, Contributions/Donations, Fees/Fines/Dues, Field Trip Collections, Grants/Scholarships, Lost/Damaged Book Fee, PALS Profits, Redeposit of Cash Box /Start Up Cash, Registration Costs, Reimbursement/Refunds/Rebates, Registration Costs, Student Payments, Student Supply Fees.

PLANNED EXPENSES

Student Supply Expenses: Achievement Awards, Books, Cash-Box/Start-up Cash, Fees/Dues, Field Trip Expenses, Registrations, Reimbursements/Refunds, Subscriptions, Classroom related Supplies/Materials, Student Snacks, Technology Expenses, Tutoring and Transfers to other school student supply activity funds.

SPONSOR NAME

Kerri Yee

SIGNATURE

PRINCIPAL/DIRECTOR

Dr. Angela Rhoades

SIGNATURE

Angela Rhoades \$11,126

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature] DATE: 5/6/26

ACCOUNT NUMBER: 801-053

BOARD OF EDUCATION APPROVAL DATE:

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: STUDENT SUPPLY Account No: 801-053

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>22000.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Student Supply Fees	\$ <u>1500000.00</u>	
Donations	\$ <u>100.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>150100.00</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>172100.00</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Transfer to Elementary Schools	\$ <u>1000000.00</u>	
Curriculum	\$ <u>550.00</u>	
Co-curricular	\$ <u>10000.00</u>	
Technology	\$ <u>10000.00</u>	
Licenses	\$ <u>10000.00</u>	
Student Supplies	\$ <u>20000.00</u>	
Total Expenditures:	\$ <u>150550.00</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>-21550.00</u>	\$ _____

\* Leave this column blank until actuals are determined at the end of the school year/fiscal year.

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30 and November 30)

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: STUDENT SUPPLY Account No : 801-053

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**AMOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Textbooks Account No: 809

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	N/A

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

RECEIVED APR 30 2026

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027

SITE: ADM

ACCOUNT NAME: Textbooks

PURPOSE

SOURCE(S) OF INCOME ?

PLANNED EXPENSES ?

SPONSOR NAME

Kerri Yee

SIGNATURE

PRINCIPAL/DIRECTOR

Dr. Angela Rhoades

SIGNATURE

Angela Rhoades  
AK  
4/30/26

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Rachel Boggess*

DATE: 5/5/26

ACCOUNT NUMBER: 809

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Textbooks Account No: 809

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>100.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Lost/Damaged Book Fees</u>	\$ <u>100.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>100</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>200</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Replacement Textbooks</u>	\$ <u>200.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>200</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>0</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Pioneer Book Bus Account No: 831

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

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**RECEIVED APR 30 2026**

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/28/26 SITE: ADM

ACCOUNT NAME: Pioneer Book Bus

PURPOSE

Provide literacy opportunities to Stillwater students and community outside of school.

SOURCE(S) OF INCOME

Donations

PLANNED EXPENSES

Books, prizes, supplies and repairs

SPONSOR NAME

Kerri Yee

SIGNATURE

?

PRINCIPAL/DIRECTOR

Dr. Angela Rhoades

SIGNATURE

Angela Rhoades

AR 4/30/26

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Kaulul Boyama DATE: 5/5/26

ACCOUNT NUMBER: 831

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Pioneer Book Bus Account No: 831

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>9000.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Donations</u>	\$ <u>2000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>2000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>11000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Books</u>	\$ <u>500.00</u>	
_____	\$ _____	
<u>Prizes</u>	\$ <u>300.00</u>	
_____	\$ _____	
<u>Supplies</u>	\$ <u>200.00</u>	
_____	\$ _____	
<u>Bus Repair</u>	\$ <u>1000.00</u>	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>2000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>9000</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: After School Programs Account No: 833

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

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*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

**RECEIVED APR 30 2026**

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027 SITE: ADM

ACCOUNT NAME: After School Programs

PURPOSE

To provide after school enrichment activities for all elementary students.

SOURCE(S) OF INCOME

Tuition

PLANNED EXPENSES

Stipends, Supplies, Snacks, Training, and Educational Software Licenses

SPONSOR NAME

Kerri Yee

SIGNATURE

?

PRINCIPAL/DIRECTOR

Diane Fix

SIGNATURE

*Diane Fix*

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *Carul Boyer* DATE: *5/5/26*

ACCOUNT NUMBER: *833*

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: After School Programs Account No: 833

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ 22000.00	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
Tuition	\$ 4000.00	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ 4000	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ 26000	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
Stipends	\$ 11000.00	
_____	\$ _____	
Supplies	\$ 6000.00	
_____	\$ _____	
Food	\$ 5000.00	
_____	\$ _____	
Training	\$ 2000.00	
_____	\$ _____	
Educational Software Licenses	\$ 2000.00	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ 26000	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ 0	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

# Stillwater Public Schools

## Revenue/Expenditure Summary

**Options:** Fund: 60, Date Range: 7/2/2025 - 5/5/2026

	Begin Balance	Receipts	Adjusting Entries	Payments	Cash End Balance	Unpaid POs	End Balance
Project - 833 AFTER SCHOOL PROGRAMS							
050 DISTRICT WIDE	\$25,966.26	\$3,200.00	\$0.00	\$3,684.01	\$25,482.25	\$3,196.27	\$22,285.98
<b>Total Project - 833 AFTER SCHOOL PROGRAMS</b>	<b>\$25,966.26</b>	<b>\$3,200.00</b>	<b>\$0.00</b>	<b>\$3,684.01</b>	<b>\$25,482.25</b>	<b>\$3,196.27</b>	<b>\$22,285.98</b>
<b>Total</b>	<b>\$25,966.26</b>	<b>\$3,200.00</b>	<b>\$0.00</b>	<b>\$3,684.01</b>	<b>\$25,482.25</b>	<b>\$3,196.27</b>	<b>\$22,285.98</b>

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: PALS After School Childcare Account No: 834

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

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*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

**RECEIVED APR 30 2026**

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027 SITE: ADM

ACCOUNT NAME: PALS - After School Childcare

PURPOSE

To fund PALS After School Childcare and distribute excess amounts to school sites based on CFO calculations

SOURCE(S) OF INCOME

Program Fees/Tuition

PLANNED EXPENSES

Payroll, Supplies, Student Snacks, School Site Distribution, PD Distribution, PD Activity Account Food

SPONSOR NAME

Kerri Yee

SIGNATURE

?

PRINCIPAL/DIRECTOR

Diane Fix

SIGNATURE

*[Handwritten Signature]*

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: *[Handwritten Signature]* DATE: 5/5/26

ACCOUNT NUMBER: 834

BOARD OF EDUCATION APPROVAL DATE:

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: PALS - After School Childcare Account No: 834

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>500000.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Tuition</u>	\$ <u>450000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>450000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>950000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Payroll</u>	\$ <u>190000.00</u>	
<u>Transfer to School Sites (\$5,000 per site)</u>	\$ <u>30000.00</u>	
<u>PD Distribution to Ed Services</u>	\$ <u>60000.00</u>	
<u>PD Activity Acct. - Food - Ed Services</u>	\$ <u>10000.00</u>	
<u>Supplies and Student Snacks</u>	\$ <u>17000.00</u>	
_____	\$ _____	
Total Expenditures:	\$ <u>307000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>643000</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

BoE

STILLWATER BOARD OF EDUCATION

CFB-E1

ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Teacher of the Year Account No: 835

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

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\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.

RECEIVED APR 30 2026

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027 SITE: ADM

ACCOUNT NAME: Teacher of the Year

PURPOSE

Provide gifts, refreshments, advertisements, rent venues, and purchase party supplies for Teacher of the Year celebrations at site and district locations.

SOURCE(S) OF INCOME

District Transfer of Funds

PLANNED EXPENSES

Gifts, drinks, refreshments, food, serving supplies, advertising, venue rental, and decorations

SPONSOR NAME

Kerri Yee

SIGNATURE

?

PRINCIPAL/DIRECTOR

Dr. Angela Rhoades

SIGNATURE

Angela Rhoades

AK 4/30/26

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Kaul Banna DATE: 5/5/26

ACCOUNT NUMBER: 835

BOARD OF EDUCATION APPROVAL DATE:

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Teacher of the Year Account No: 835

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>500.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Funding from ADM Finance</u>	\$ <u>2500.00</u>	
<u>Donations</u>	\$ <u>500.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>3000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>3500</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Food/Drinks/Refreshments</u>	\$ <u>800.00</u>	
<u>Advertisements</u>	\$ <u>500.00</u>	
<u>Flowers/Balloons</u>	\$ <u>300.00</u>	
<u>Decorations</u>	\$ <u>1000.00</u>	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>2600</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>900</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Human Resources Account No: 814

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

**PACKET CONTENTS:**

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
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ACTIVITY FUND FUNDRAISER REQUEST(S) (pg. 4)	PAGE 4	N/A
REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	JB

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 3/31/26

SITE: Admin Bldg - HR

ACCOUNT NAME: Human Resources

PURPOSE

-For professional development fees (travel & hotel costs) - pending Superintendents decision to either keep these fees in Activity accounts or move back to general funds.  
- Retirement Gifts, Food and Beverage needs for onboarding new employees, Job Fair recruitment activities, Retirement Workshop, and other miscellaneous PD activities hosted by HR.

SOURCE(S) OF INCOME

District Funded

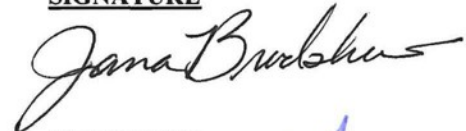
PLANNED EXPENSES

For professional development fees, and for retirement gifts

SPONSOR NAME

Jana Bradshaw

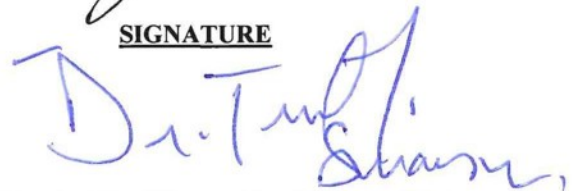
SIGNATURE



PRINCIPAL/DIRECTOR

Trent J. Swanson

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: Kalul Berra

DATE: 5/1/26

ACCOUNT NUMBER: 814

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Human Resources Account No: 814

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>118.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>District Funded</u>	\$ <u>5250</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>5250</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>5368</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Professional Development Travel Expenses</u>	\$ <u>3250</u>	
<u>Retirement Gifts</u>	\$ <u>700</u>	
<u>Onboarding Supplies, Food &amp; Beverage</u>	\$ <u>300</u>	
<u>SPS Retirement Wksp Food &amp; Beverage</u>	\$ <u>250</u>	
<u>Job Fair Food &amp; Beverage</u>	\$ <u>250</u>	
<u>Professional Development Food &amp; Beverage</u>	\$ <u>500</u>	
Total Expenditures:	\$ <u>5250</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>118</u>	\$ _____

For FY27, HR is requesting an increase in our travel budget to cover expenses for various PD Conferences.

CCOSA - May/June annually

ASBO - Fall or Spring annually

OSSBA - August annually

OASA - January annually

Powerschool - annual Conf.

Nat'l ATFXA Conf - annual

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Support Employee of the Year Account No: 836

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

**PACKET CONTENTS:**

FORM	FOUND ON PAGE	INITIAL IF COMPLETE
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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	JB

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 3/31/26 SITE: Admin Bldg - HR

ACCOUNT NAME: Support Employee of the Year

PURPOSE

Purchase of recognition gifts, awards, and reception supplies for the Support Employees who are nominated as Support Employee of the Year in their respective categories

SOURCE(S) OF INCOME

District Funded

PLANNED EXPENSES

Plaque, certificates, recognition gifts, and reception food, drinks, and decorations

SPONSOR NAME

Jana Bradshaw

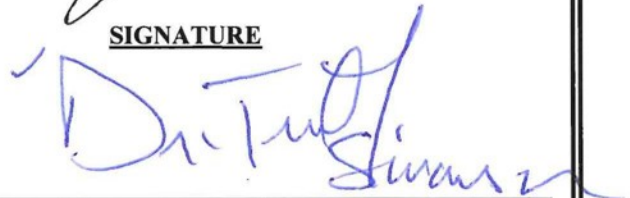
SIGNATURE




PRINCIPAL/DIRECTOR

Trent J. Swanson

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY:  DATE: 5/1/26

ACCOUNT NUMBER: 830

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Jana Bradshaw

Name of Activity Fund: Support Employee of the Year Account No: 836

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>1600</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>District Funded</u>	\$ <u>2500</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>2500</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>4100</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Food &amp; Drinks at Board Mtg/Reception</u>	\$ <u>75</u>	
<u>Reception Supplies &amp; Decorations</u>	\$ <u>75</u>	
<u>SEofY Category recognition gifts,</u>	\$ <u>1500</u>	
<u>certificates, and plaques</u>	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>1650</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>2450</u>	\$ _____

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Julie Thibodeau

Name of Activity Fund: WorkKeys Test Account No: 818

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

**PACKET CONTENTS:**

<b>FORM</b>	<b>FOUND ON PAGE</b>	<b>INITIAL IF COMPLETE</b>
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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

**RECEIVED APR 30 2026**

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4/21/26

SITE: Admin Building

ACCOUNT NAME: WorkKeys Test

PURPOSE

To administer the WorkKeys test to potential staff. They need this test to be hired.

SOURCE(S) OF INCOME

Payments to give the WorkKeys Test

PLANNED EXPENSES

Payment to ACT to give the WorkKeys Test

SPONSOR NAME

Julie Thibodeau

SIGNATURE

Julie Thibodeau

PRINCIPAL/DIRECTOR

Austin Hula

SIGNATURE

Austin Hula

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: [Signature] DATE: 5/5/26

ACCOUNT NUMBER: 818

BOARD OF EDUCATION APPROVAL DATE:

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Julie Thibodeau

Name of Activity Fund: WorkKeys Test Account No: 818

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <del>828.00</del>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:	<i>634.50</i>	
<u>Payments to take the WorkKeys Test</u>	<u>\$ 500.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>500</u> <i>1134.50</i>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <del>1328</del>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Payment to ACT for the WorkKeys Test</u>	<u>\$ 412.50</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>412.5</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <del>915.5</del>	\$ _____
	<i>722.00</i>	

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee  
 Name of Activity Fund: Professional Development - Ed Services Food Account No: 830

**The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:**

**PACKET CONTENTS:**

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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	N/A

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 2026-2027 SITE: ADM

ACCOUNT NAME: Professional Development - Ed Services Food

PURPOSE

To pay for meals and refreshments during on site Professional Development training.

SOURCE(S) OF INCOME

Transfer of Funds from PALS Account

PLANNED EXPENSES

Meals and Refreshments

SPONSOR NAME

Kerri Yee

SIGNATURE

PRINCIPAL/DIRECTOR

Diane Fix

SIGNATURE



TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Yee

Name of Activity Fund: Professional Development - Ed Services Food Account No: 830

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ <u>29000.00</u>	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>Transfer profits from PALS #834 for PD</u>	\$ <u>10000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	\$ <u>10000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	\$ <u>39000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Meals and Refreshments</u>	\$ <u>9000.00</u>	
<u>Supplies</u>	\$ <u>1000.00</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Expenditures:	\$ <u>10000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	\$ <u>29000</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**PURPOSE OF RAISING FUNDS:**

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE

**ANNUAL ACTIVITY FUND PLANNING AND APPROVAL PACKAGE**

Due April 30 each year or upon request of a new account

Reporting School Year: 2026-2027 Sponsor Name: Kerri Justus/Kerri Yee

Name of Activity Fund: Ed Services Professional Development Account No: 837

The Stillwater Board of Education believes that activity fund money generated through student fundraising during any year should be used to benefit the students involved in generating those funds. If applicable, please provide an explanation of a fund balance that exceeds \$1000 and 30% of projected revenue:

**PACKET CONTENTS:**

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ACTIVITY FUND SUBACCOUNT BUDGET	PAGE 3	Jj
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REPORT ON PRIOR YEAR ACTIVITY FUND SUBACCOUNT BUDGET*	PAGE 2	

*\*This is the form found on page 2, but should be the plan submitted the prior year updated with last year's actual revenues, expenditures, and ending cash balance.*

ACTIVITY FUND REQUEST FOR ACCOUNT

DATE: 4.23.2026 SITE: District Wide

ACCOUNT NAME: Ed Services Professional Development

PURPOSE

To provide employees with resources to attend conferences and trainings to strengthen their effectiveness in their jobs

SOURCE(S) OF INCOME

PALS

PLANNED EXPENSES

Registrations, Lodging, Travel Expenses, Speakers, PD & Training Materials

SPONSOR NAME

Kerri Justus/Kerri Yee

SIGNATURE

PRINCIPAL/DIRECTOR

Angela Rhoades

SIGNATURE

TO BE COMPLETED BY FINANCE DEPARTMENT

APPROVED BY: DATE: 4/24/2026

ACCOUNT NUMBER: \_\_\_\_\_

BOARD OF EDUCATION APPROVAL DATE: \_\_\_\_\_

**ACTIVITY FUND SUBACCOUNT BUDGET**

Reporting School Year: 2026-2027 Sponsor Name: Kerri Justus/Kerri Yee

Name of Activity Fund: Ed Services Professional Development Account No: 837

	NEXT YEAR EST.	ACTUALS*
1. ESTIMATED BEGINNING CASH BALANCE, JULY 1	\$ _____	\$ _____
2. SOURCE OF ALL REVENUES AND ESTIMATED AMOUNTS:		
<u>PALS</u>	<u>\$ 60000</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Revenues:	<u>\$ 60000</u>	\$ _____
3. TOTAL CASH BALANCE PLUS REVENUES (ADD 1 AND 2)	<u>\$ 60000</u>	\$ _____
4. EXPENDITURES AND ESTIMATED AMOUNTS:		
<u>Registration, Trainings, Workshops</u>	<u>\$ 20000</u>	
<u>Lodging</u>	<u>\$ 8000</u>	
<u>Travel Expenses</u>	<u>\$ 11000</u>	
<u>CCOSA Services</u>	<u>\$ 2500</u>	
<u>Speakers</u>	<u>\$ 13500</u>	
<u>PD &amp; Training Materials</u>	<u>\$ 5000</u>	
Total Expenditures:	<u>\$ 60000</u>	\$ _____
5. ENDING CASH BALANCE, JUNE 30 (SUBTRACT 4 FROM 3)	<u>\$ 0</u>	\$ _____

**FUNDRAISER REQUEST**

Submit one copy per fundraiser (Due April 30)

Reporting School Year: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Name of Activity Fund: \_\_\_\_\_ Account No: \_\_\_\_\_

**DESCRIPTION OF FUNDRAISER (INCLUDING ITEMS TO BE SOLD AND HOW):**

**RECEIVED**  
APR 24 2026

**PURPOSE OF RAISING FUNDS:**

BY: \_\_\_\_\_

**FUNDRAISER DATES:** START \_\_\_\_\_ END \_\_\_\_\_

**ACCOUNT OF MONEY TO BE RAISED:**

EST. INC. \_\_\_\_\_ - EST. EXP. \_\_\_\_\_ = EST. PROFIT \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
ATHLETIC DIRECTOR AUTHORIZATION  
(applicable only if athletic fundraiser)

\_\_\_\_\_  
PRINCIPAL AUTHORIZATION

\_\_\_\_\_  
BOARD OF EDUCATION APPROVAL DATE

**FUNDRAISER CLOSEOUT**

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

**FUNDRAISER PROFIT**

ACT. INC. \_\_\_\_\_ - ACT. EXP. \_\_\_\_\_ = ACT. PROFIT \_\_\_\_\_  
(Reconciles to Deposits) (Reconciles to fundraiser related POs) (Net Increase to acct. due to fundraiser)

RECEIPT BOOK #: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
FINANCIAL SECRETARY SIGNATURE