

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

PURPOSE to raise money to donate later

STARTING DATE 9/4/24

ENDING DATE 9/25/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS _____

COMPANY REPRESENTATIVE _____

PHONE NO. _____

ITEMS FOR RESALE

QUANTITY

UNIT PURCHASE PRICE

PROPOSED RESALE PRICE

@ \$

@ \$

@ \$

@ \$

@ \$

@ \$

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

Kona Ice to come to TMS for 4 days in
September (9/4, 9/11, 9/18, 9/25)

\$ 600.00

\$

\$

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

\$

\$

\$

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR

Ali J. Stapp

DATE 8-27-24

PRINCIPAL

John Chlo

DATE 8-27-24

SUPERINTENDENT

J. Hader

DATE 9/26/24

TREASURER'S OFFICE

Jennifer Hader

DATE 9/30/24

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE
BUDGET REPORT

School Tiffin Middle School

Title of Student Activity Group

Acct. #

200

9982

200 - Student Council

Fund

SCC

A. Statement of Purpose (Attach separate sheet as needed)

B. Proposed Operating Budget for Year beginning July 1, 2024 and ending June 30, 2025
Beginning Cash Balance as of July 1, 2024 ----- \$ 2,425.63 (A)

Estimated Receipts for Year (by source of revenue)

<u>Kona Ice</u>	\$ <u>1000.00</u>
<u>8th Grade Dance Admission and Raffle</u>	\$ <u>600.00</u>
<u>TMS Spiritwear</u>	\$ <u>4000.00</u>
<u>Sucker sales</u>	\$ <u>300.00</u>
<u>Pretzel Sale</u>	\$ <u>300.00</u>
<u>Candy Cane grams</u>	\$ <u>300.00</u>
<u>Flower Sale \$300.00</u>	
<u>Cake pop Sale \$300.00</u>	
Total Receipts	\$ <u>7100.00</u> (B)

Estimated Disbursements for Year (by type of expenditure):

<u>DJ for 8th Grade Dance</u>	\$ <u>200.00</u>
<u>Donations</u>	\$ <u>2000.00</u>
<u>Tiffin Dynamics Spiritwear</u>	\$ <u>2000.00</u>
<u>Walmart (supplies, Christmas gifts, snacks)</u>	\$ <u>1200.00</u>
<u>Kenzie's Kitchen</u>	\$ <u>200.00</u>
<u>Amazon (supplies) \$100.00</u>	
Total Disbursements	\$ <u>5700</u> (C)
(A) + (B) - (C) = (D)	

Estimated Ending Cash Balance ----- \$ 4,125.63 (D)

Approved By:

Advisor

Principal/Administrator

Superintendent/Designee

Approved by Board of Education on:

9-19-24

Date

9-24-24

Date

Date

Meeting Date

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

PURPOSE to raise money to donate later

STARTING DATE 9/4/24

ENDING DATE 9/25/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS _____

COMPANY REPRESENTATIVE _____

PHONE NO. _____

ITEMS FOR RESALE

QUANTITY

UNIT PURCHASE PRICE

PROPOSED RESALE PRICE

_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

<u>Kona Ice to come to TMS for 4 days in</u>	\$ <u>600.00</u>
<u>September (9/4, 9/11, 9/18, 9/25)</u>	\$ _____
_____	\$ _____

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

_____	\$ _____
_____	\$ _____
_____	\$ _____

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR

Ali J. Stapp

DATE 8-27-24

PRINCIPAL

Mr. Chiles

DATE 8-27-24

SUPERINTENDENT

J. Hader

DATE 9/26/24

TREASURER'S OFFICE

Jennifer Hader

DATE 9/30/24

TIFFIN CITY SCHOOL DISTRICT

**STATEMENT OF PURPOSE
BUDGET REPORT**

School Tiffin Middle School

Title of Student Activity Group

Acct. # 200
Fund

9982
SCC

200 - Student Council

A. Statement of Purpose (Attach separate sheet as needed)

B. Proposed Operating Budget for Year beginning July 1, 2024 and ending June 30, 2025

Beginning Cash Balance as of July 1, 2024 ----- \$ 2,425.63 (A)

Estimated Receipts for Year (by source of revenue)

<u>Koro Ice</u>	\$ <u>1000.00</u>
<u>8th Grade Dance Admission and Raffle</u>	\$ <u>1000.00</u>
<u>THIS Spiritwear</u>	\$ <u>4000.00</u>
<u>Sucker Sales</u>	\$ <u>300.00</u>
<u>Pretzel Sale</u>	\$ <u>200.00</u>
<u>Candy Cane Sales</u>	\$ <u>300.00</u>
<u>Fisher Sale \$300.00</u>	
<u>Coke pop Sale \$300.00</u>	
Total Receipts	\$ <u>7100.00</u> (B)

Estimated Disbursements for Year (by type of expenditure):

<u>UT Bus</u>	\$ <u>200.00</u>
<u>Donations</u>	\$ <u>2000.00</u>
<u>Tiffin Dynamics Spiritwear</u>	\$ <u>2000.00</u>
<u>Walmart (supplies Christmas gifts, snacks)</u>	\$ <u>1200.00</u>
<u>Kenzie's Kitchen</u>	\$ <u>200.00</u>
<u>Amazon (supplies) \$100.00</u>	
Total Disbursements	\$ <u>5700</u> (C)
(A) + (B) - (C) = (D)	

Estimated Ending Cash Balance ----- \$ 4,125.63 (D)

Approved By:

Ali J. Spruz
Advisor

[Signature]
Principal/Administrator

Superintendent/Designee

Approved by Board of Education on:

9-19-24
Date

9-24-24
Date

Date

Date

Meeting Date

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	_____	@ _____	\$ _____	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ _____	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ _____	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	<u>20% of sales from Kona Ice</u>	\$ <u>539.00</u>	+REVENUE
	<u>4/11/25 \$171.20 5/7/25</u>	\$ _____	
	<u>\$208.00 5/14/25</u>	\$ _____	
	<u>\$159.80 5/21/25</u>	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ <u>539.00</u>	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ <u>539.00</u>	DEPOSITS

ADVISOR Alii J. Sings DATE 5-22-25

PRINCIPAL JJ DATE 5-22-25

SUPERINTENDENT Jerry Nader DATE 5/23/25

TREASURER'S OFFICE Rene S. Sings DATE 5/27/25

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	_____	@ _____	\$ _____	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ _____	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ _____	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	<u>20% of sales from Kona Ice</u>	\$ <u>577.20</u>	+REVENUE
	<u>9/4/24 \$132.00 9/25/24 \$121.00</u>	\$ _____	
	<u>9/11/24 \$168.40</u>	\$ _____	
	<u>9/18/24 \$155.80</u>	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ <u>577.20</u>	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ <u>577.20</u>	DEPOSITS

ADVISOR Ali J. S. [Signature]

DATE 10-2-24

PRINCIPAL [Signature]

DATE 10-2-24

SUPERINTENDENT [Signature]

DATE 10/7/24

TREASURER'S OFFICE [Signature]

DATE 10/7/24

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	_____	@ _____	\$ _____	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ _____	=PROFIT
Total amount of money deposited with building secretary:			\$ _____	DEPOSITS
(attach all office receipts and an explanation if not equal to total sales above)				

Complete SECTION TWO for other activities:

Description of revenues	<u>20% of sales from Kona Ice</u>	\$ <u>577.20</u>	+REVENUE
	<u>9/4/24 \$132.00 9/25/24 \$121.00</u>	\$ _____	
	<u>9/11/24 \$168.40</u>	\$ _____	
	<u>9/18/24 \$155.80</u>	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ <u>577.20</u>	=PROFIT
Total amount of money deposited with building secretary or cashier		\$ <u>577.20</u>	DEPOSITS
(attach all office receipts and an explanation if not equal to total revenue above)			

ADVISOR Ali J. S. [Signature]

DATE 10-2-24

PRINCIPAL [Signature]

DATE 10-2-24

JPERINTENDENT J. [Signature]

DATE 10/7/24

TREASURER'S OFFICE Jen [Signature]

DATE 10/7/24

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Boo Gram + Pretzel Sale

PURPOSE to raise money to later donate

STARTING DATE 9/14/24
10

ENDING DATE 9/18/24
10

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete SECTION ONE for resale activities:

COMPANY & ADDRESS Kenzie's Kitchen

COMPANY REPRESENTATIVE Lindsay Felske PHONE NO. 419-618-4088

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Chocolate covered</u>	<u>depends on</u>	<u>@ \$ 0.50</u>	<u>@ \$ 1.00</u>
<u>Pretzels</u>	<u>amount sold</u>	<u>@ \$</u>	<u>@ \$</u>
<u></u>	<u></u>	<u>@ \$</u>	<u>@ \$</u>
<u></u>	<u></u>	<u>@ \$</u>	<u>@ \$</u>

Complete SECTION TWO for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali J. Styles DATE 10-8-24

PRINCIPAL J. Chh DATE 10-9-24

JPERINTENDENT Terry Haden DATE 10/10/24

TREASURER'S OFFICE Jennifer Hedden DATE 10/14/24

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Boo Gram + Pretzel Sale

PURPOSE to raise money to later donate

STARTING DATE 9/14/24
10

ENDING DATE 9/18/24
10

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Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS Kenzie's Kitchen

COMPANY REPRESENTATIVE Lindsay Felske PHONE NO. 419-618-4088

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Chocolate covered</u>	<u>depends on</u>	<u>@ \$ 0.50</u>	<u>@ \$ 1.00</u>
<u>Pretzels</u>	<u>amount sold</u>	<u>@ \$</u>	<u>@ \$</u>
<u></u>	<u></u>	<u>@ \$</u>	<u>@ \$</u>
<u></u>	<u></u>	<u>@ \$</u>	<u>@ \$</u>

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>
<u></u>	<u>\$</u>

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ADVISOR Ali J. Styles DATE 10-8-24

PRINCIPAL J. Chh DATE 10-9-24

SUPERINTENDENT Terry Gladen DATE 10/10/24

TREASURER'S OFFICE Jennifer Hedden DATE 10/14/24

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Bao Gram + Pretzel Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	<u>280</u>	@ <u>\$0.50</u>	\$ <u>140.00</u>	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	<u>277</u>	@ <u>\$1.00</u>	\$ <u>285.00</u>	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ <u>145.00</u>	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ <u>285.00</u>	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	_____	\$ _____	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ _____	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ _____	DEPOSITS

ADVISOR Ali J. Stynes

DATE 11-6-24

PRINCIPAL [Signature]

DATE 11-6-24

SUPERINTENDENT Terry Haden

DATE 11/6/24

TREASURER'S OFFICE Chris Edgeman

DATE 11/15/24

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Boo Gram + Pretzel Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	<u>280</u>	@ <u>\$0.50</u>	\$ <u>140.00</u>	PURCHASES)
		@	\$	
		@	\$	
Less quantity returned to vendor and unit cost		@	\$	+RETURNS
		@	\$	
		@	\$	
Less quantity sold during activity and sales price	<u>277</u>	@ <u>\$1.00</u>	\$ <u>285.00</u>	+SALES
		@	\$	
		@	\$	
Equals quantity unaccounted for and unit cost (attach explanation)		@	\$	
		@	\$	
		@	\$	
Other expenses			\$	(EXPENSES)
			\$	
			\$	
Net profit			\$ <u>145.00</u>	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ <u>285.00</u>	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	\$	+REVENUE
	\$	
	\$	
	\$	
Description of expenses	\$	-EXPENSE
	\$	
	\$	
	\$	
Net profit	\$	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)	\$	DEPOSITS

ADVISOR <u>Ali J. Sturge</u>	DATE <u>11-6-24</u>
PRINCIPAL <u>[Signature]</u>	DATE <u>11-6-24</u>
JPERINTENDENT <u>Jerry Nadeau</u>	DATE <u>11/6/24</u>
TREASURER'S OFFICE <u>Chris Edgeman</u>	DATE <u>11/15/24</u>

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY TMS Staff Spiritwear Sale

PURPOSE to raise money to later donate

STARTING DATE 11/11/24

ENDING DATE 11/22/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS Tiffin Dye-namics, 1710 Driftwood Dr., Tiffin, OH 44883

COMPANY REPRESENTATIVE Kristi Landers

PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Shirts + Sweatpants</u>	<u>depends on amount sold</u>	<u>@ \$ ranges from \$5 - \$20</u>	<u>@ \$ 12.00 - 40.00</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

\$ _____

\$ _____

\$ _____

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

\$ _____

\$ _____

\$ _____

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali J. Sturges

DATE 11-6-24

PRINCIPAL Ny ch

DATE 11-6-24

SUPERINTENDENT Terry Landers

DATE 11/6/2024

TREASURER'S OFFICE Corey Spence

DATE 11/8/24

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY TMS Staff Spiritwear Sale

PURPOSE to raise money to later donate

STARTING DATE 11/11/24

ENDING DATE 11/22/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS Tiffin Dye-namics, 1710 Driftwood Dr., Tiffin, OH 44883

COMPANY REPRESENTATIVE Kristi Londers

PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Shirts + Sweatpants</u>	<u>depends on</u>	<u>@ \$ ranges from</u>	<u>@ \$ 12.00 - 40.00</u>
_____	<u>amount sold</u>	<u>\$5 - \$20</u>	<u>@ \$ _____</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

\$ _____

\$ _____

\$ _____

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

\$ _____

\$ _____

\$ _____

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR

Ali J. Sturges

DATE 11-6-24

PRINCIPAL

Ny ch

DATE 11-6-24

SUPERINTENDENT

Terry Hladky

DATE 11/6/2024

TREASURER'S OFFICE

Corey Spence

DATE 11/8/24

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY TMS Staff Spiritwear Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	<u>depended on amount sold of different attire</u>	@ <u>ranges from \$5 - \$20</u>	\$ <u>depended on amount sold of different attire</u>	PURCHASES)
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	<u>depended on amount sold of different attire</u>	@ <u>ranges from \$12 - \$40</u>	\$ <u>1,439.00</u>	+SALES
		@ _____	\$ _____	
		@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ <u>depends on invoice from Tiffin Oye-namics</u>	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ <u>1,439.00</u>	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	_____	\$ _____	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ _____	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ _____	DEPOSITS

ADVISOR Ali J. Stuss

DATE 11-20-24

PRINCIPAL [Signature]

DATE 12-12-24

SUPERINTENDENT [Signature]

DATE 12/17/24

TREASURER'S OFFICE [Signature]

DATE 4/8/25

INVOICE

Tiffin Dye-namic Design LLC
1710 Driftwood Dr
Tiffin, OH 44883-3700

planders@tiffindye-namic.com
567-207-6067



Bill to
Tiffin City Schools
244 S. Monroe St.
Tiffin, OH 44883

Ship to
Tiffin City Schools
Tiffin City Schools
244 S. Monroe St.
Tiffin, OH 44883

Shipping info

Ship date: 12/12/2024

Invoice details

Invoice no.: 1088
Terms: Net 30
Invoice date: 12/12/2024
Due date: 01/11/2025

#	Product or service	Description	Qty	Rate	Amount
1.	SHIRT	2024 TMS Staff Orders (\$144.20 profit)	1	\$1,297.80	\$1,297.80
Total					\$1,297.80

rc-d
12/11/24
sg

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Candy Cane Sale

PURPOSE raise money to donate later

STARTING DATE 12/16/24

ENDING DATE 12/20/24

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS Amazon

COMPANY REPRESENTATIVE _____ PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Skittles, starburst, and airheads</u>	<u>144</u>	<u>@ \$ 0.37</u>	<u>@ \$ 1.00</u>
<u>Candy cane mix - 144 count</u>	<u>144</u>	<u>@ \$ 0.37</u>	<u>@ \$ 1.00</u>
<u>Spangler Classic Red + White</u>		<u>@ \$</u>	<u>@ \$</u>
<u>peppermint candy canes</u>		<u>@ \$</u>	<u>@ \$</u>

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
_____	\$ _____
_____	\$ _____
_____	\$ _____

DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali J. [Signature] DATE 12/11/24

PRINCIPAL [Signature] DATE 12/12/24

SUPERINTENDENT Terry Hadeau DATE 12/17/24

TREASURER'S OFFICE [Signature] DATE 1/8/25

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY Sucker Sale

PURPOSE to raise money to later donate

STARTING DATE 1-27-25

ENDING DATE 1-31-25

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete SECTION ONE for resale activities:

COMPANY & ADDRESS justfundraising.com

COMPANY REPRESENTATIVE _____ PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Suckers</u>	<u>640</u>	<u>@ \$ 6.48</u>	<u>@ \$ 1.00</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>

Complete SECTION TWO for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>

DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>
_____	<u>\$ _____</u>

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali J. Shtur DATE 1-10-25

PRINCIPAL Y. C. DATE 1-13-25

SUPERINTENDENT J. Nadeau DATE 1/14/25

TREASURER'S OFFICE Anna E. Brown DATE 4/8/25

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Candy Cane Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	<u>288</u> 484	@ <u>\$0.37</u>	\$ <u>105.00</u>	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	<u>261</u>	@ <u>\$1.00</u>	\$ <u>261.00</u>	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ <u>156.00</u>	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ <u>261.00</u>	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	_____	\$ _____	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ _____	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ _____	DEPOSITS

ADVISOR Ali J. Stue DATE 2022 1-10-25

PRINCIPAL [Signature] DATE 1-13-25

SUPERINTENDENT J. Alade DATE 1/14/25

TREASURER'S OFFICE [Signature] DATE 4/8/25

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY 8th Grade Formal Dance

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	_____	@ _____	\$ _____	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	_____	@ _____	\$ _____	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ _____	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ _____	DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	<u>\$3 Admission per person</u>	\$ <u>511.00</u>	+REVENUE
	<u>\$1 per raffle ticket</u>	\$ _____	
	<u>\$5 for 6 raffle tickets</u>	\$ _____	
	<u>\$10 for 12 raffle tickets</u>	\$ _____	
Description of expenses	<u>DJ for dance</u>	\$ <u>250.00</u>	-EXPENSE
	<u>Walmart for snacks + supplies</u>	\$ <u>543.82</u>	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ <u>-282.82</u>	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ <u>511.00</u>	DEPOSITS

ADVISOR Alto J. Jones DATE 5-15-25

PRINCIPAL Z. C. Lee DATE 5-21-25

SUPERINTENDENT Jerry Adams DATE 5/23/25

TREASURER'S OFFICE Carne Edgence DATE 5/27/25

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY TMS Staff Spiritwear Sale

PURPOSE to raise money to later donate

STARTING DATE 3/24/25

ENDING DATE 3/28/25

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS Tiffin Dye-namics, 1710 Driftwood Dr., Tiffin, OH 44883

COMPANY REPRESENTATIVE Kristi Landers PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Shirts + Sweats</u>	<u>depends on amount sold</u>	<u>@ \$ ranges from 15-20</u>	<u>@ \$ 12.00 - 40.00</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>
_____	_____	<u>@ \$ _____</u>	<u>@ \$ _____</u>

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

_____	\$ _____
_____	\$ _____
_____	\$ _____

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

_____	\$ _____
_____	\$ _____
_____	\$ _____

Please use **SIDE TWO** of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali & Spm DATE 3-3-25

PRINCIPAL Y de DATE 3-5-25

SUPERINTENDENT Jerry Madec DATE 3-5/25

TREASURER'S OFFICE Jonah Heaton DATE 3/5/25

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION TMS Student Council

ACTIVITY Sucker Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete SECTION ONE for resale activities:

Quantity purchased from vendor and unit cost	<u>640</u>	@ <u>.48</u>	\$ <u>307.00</u>	PURCHASES)
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity returned to vendor and unit cost	_____	@ _____	\$ _____	+RETURNS
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Less quantity sold during activity and sales price	<u>570</u>	@ <u>1.00</u>	\$ <u>570.00</u>	+SALES
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Equals quantity unaccounted for and unit cost (attach explanation)	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	
Other expenses	_____		\$ _____	(EXPENSES)
	_____		\$ _____	
	_____		\$ _____	
Net profit			\$ <u>263.00</u>	=PROFIT
Total amount of money deposited with building secretary: (attach all office receipts and an explanation if not equal to total sales above)			\$ <u>570.00</u>	DEPOSITS

* all donated to Power of the Pen

Complete SECTION TWO for other activities:

Description of revenues	_____	\$ _____	+REVENUE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Description of expenses	_____	\$ _____	-EXPENSE
	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
Net profit		\$ _____	=PROFIT
Total amount of money deposited with building secretary or cashier (attach all office receipts and an explanation if not equal to total revenue above)		\$ _____	DEPOSITS

ADVISOR Ali J. Stroz

DATE 3-3-25

PRINCIPAL [Signature]

DATE 3-5-25

SUPERINTENDENT Jerry Blades

DATE 3-5-25

TREASURER'S OFFICE Jennifer Hedwin

DATE 3/5/25

STUDENT ACTIVITY PROPOSAL

SIDE ONE

ORGANIZATION TMS Student Council

ACTIVITY Kona Ice

PURPOSE to raise money to donate later

STARTING DATE 5/7/25

ENDING DATE 5/21/25

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete **SECTION ONE** for resale activities:

COMPANY & ADDRESS _____

COMPANY REPRESENTATIVE _____ PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____

Complete **SECTION TWO** for other activities:

DESCRIPTION OF REVENUE (please be specific)

PROJECTED RECEIPTS

Kona Ice to come to TMS for 3 days in May
(5/7, 5/14, 5/21)

\$ 500.00

\$ _____

\$ _____

DESCRIPTION OF EXPENSES (please be specific)

ESTIMATED COSTS

\$ _____

\$ _____

\$ _____

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR [Signature] DATE 4-22-25

PRINCIPAL [Signature] DATE 4-30-25

SUPERINTENDENT [Signature] DATE 4/30/25

TREASURER'S OFFICE [Signature] DATE 5/1/25

STUDENT ACTIVITY PROPOSAL

ORGANIZATION TMS Student Council

ACTIVITY 8th Grade Formal Dance

PURPOSE to raise money to donate later

STARTING DATE 5/9/25

ENDING DATE 5/9/25

Please complete section one or two below for all money you plan to collect from fundraisers, admissions, dues, fees, sales, tickets, etc.

Complete SECTION ONE for resale activities:

COMPANY & ADDRESS _____

COMPANY REPRESENTATIVE _____ PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____

Complete SECTION TWO for other activities:

DESCRIPTION OF REVENUE (please be specific)	PROJECTED RECEIPTS
<u>\$3 Admission per person</u>	<u>\$ 350.00</u>
<u>\$1 for 1 raffle ticket, \$5 for 6 raffle tickets, →</u>	<u>\$ 300.00</u>
<u>+ \$10 for 12 tickets</u>	<u>\$ _____</u>

DESCRIPTION OF EXPENSES (please be specific)	ESTIMATED COSTS
<u>DJ for dance</u>	<u>\$ 250.00</u>
<u>Walmart for snacks + supplies</u>	<u>\$ 500.00</u>
_____	<u>\$ _____</u>

Please use SIDE TWO of this form to reconcile your activity upon its completion. Admissions and ticket sales must be reconciled on a separate "Admission & Ticket Reconciliation" form. Concession stand sales must be reconciled on a separate "Concession Stand Reconciliation" form.

ADVISOR Ali J. Smith DATE 5-5-25

PRINCIPAL My DATE 5-5-25

SUPERINTENDENT Jerry DATE 5/6/25

TREASURER'S OFFICE Amie DATE 5/7/25

ORGANIZATION TMS Student Council

ACTIVITY TMS Staff Spiritwear Sale

Do not use this form for admissions, ticket sales, or concession stands. Separate forms are provided for those activities.

Complete **SECTION ONE** for resale activities:

Quantity purchased from vendor and unit cost	Depended on amount sold of different attire	@ ranges from \$ 5-820	\$ depended on PURCHASES) amount sold of different attire

Less quantity returned to vendor	_____	@ _____	\$ _____	+ RETURNS
and unit cost	_____	@ _____	\$ _____	
	_____	@ _____	\$ _____	

Less quantity sold during activity and sales price	depended on amount sold of different attire	@ ranges from	\$ 452.00	+SALES
		@ 812 - 840	\$	
		@	\$	

Equals quantity unaccounted for	_____	@ _____	\$ _____
and unit cost	_____	@ _____	\$ _____
(attach explanation)	_____	@ _____	\$ _____

Other expenses _____ \$ _____ (EXPENSES)
 _____ \$ _____
 _____ \$ _____

Net profit

Total amount of money deposited with building secretary: \$ 452.00 DEPOSITS
(attach all office receipts and an explanation if not equal to total sales above)

pende on invoice
from Tiffin Dye-namics
=PROFIT

Complete **SECTION TWO** for other activities:

Description of revenues		\$	
		\$	+REVENUE
		\$	
		\$	
		\$	

Description of expenses		\$	
		\$	-EXPENSE
		\$	
		\$	
		\$	

Net profit = \$ _____ = PROFIT

Total amount of money deposited with building secretary or cashier
(attach all office receipts and an explanation if not equal to total revenue above) \$ _____ DEPOSITS

ADVISOR Ali J. Jhu DATE 3-3-25

PRINCIPAL [Signature] DATE 3-5-25

SUPERINTENDENT Larry Nader DATE 3-5-28

TREASURER'S OFFICE *Genine Haden* DATE *3/5/25*