

TIFFIN CITY SCHOOL DISTRICT

STATEMENT OF PURPOSE
BUDGET REPORT

School Columbian

Title of Student Activity Group

Bowling

Acct. # 300

Fund

SCC

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

To build up the Columbian bowling program to be more competitive, while making it fun for the bowlers.

B. Proposed Operating Budget for Year beginning July 1, 2024 and ending June 30, 2025
Beginning Cash Balance as of July 1, 2024 ----- \$ 2222.56 (A)

Estimated Receipts for Year (by source of revenue)

<u>Bowl-A-thon, Ball raffle, ect</u>	\$ <u>300.00</u>
<u>Shirt Sale</u>	\$ <u>200.00</u>
	\$
	\$
	\$
	\$
	\$
	\$
Total Receipts	\$ <u>2722.56</u> (B)

Estimated Disbursements for Year (by type of expenditure):

<u>Awards</u>	\$ <u>300</u>
<u>Food</u>	\$ <u>200</u>
	\$
	\$
	\$
	\$
	\$
Total Disbursements	\$ <u>500</u> (C)

(A) + (B) - (C) = (D)

Estimated Ending Cash Balance ----- \$ 2222.56 (D)

Approved By:

Adviser

Principal/Administrator

Superintendent/Designee

Approved by Board of Education on:

Casey Weidner 10-10-24

10-10-24 Date

10/10/24 Date

Meeting Date

10/14/24

Jennifer Hedrick

STUDENT ACTIVITY PROPOSAL

ORGANIZATION Columbian High School ACTIVITY BowlingPURPOSE FundraisingSTARTING DATE 12/1/24 ENDING DATE 3/5/25

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 ANTICIPATED REVENUE (please be specific and list details such as unit prices, estimated quantities, etc.)	PROJECTED RECEIPTS
50/50	\$ 500.00
_____	\$ _____
_____	\$ _____

_____	\$ _____
_____	\$ _____

DESCRIPTION OF ANTICIPATED EXPENSES	ESTIMATED COSTS
_____	\$ 0
_____	\$ _____
_____	\$ _____

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.

CASH IN SCHOOL BUILDINGS-File: DM (Adoption date: July 23, 2001)

All monies collected are receipted, accounted for and deposited every 24 hours if possible. In the event the Treasurer or person in charge of an activity is unable to deposit the money in 24 hours, the money are accounted for and deposited in the safe. The money is held no longer than three business days after receipt and the amount must be less than \$1,000.00. If the amount is more than \$1000, or the money cannot be adequately safeguarded, it must be deposited on the business day following the date of receipt.

ADVISOR [Signature]DATE 12-12-24PRINCIPAL APPROVAL [Signature]DATE 12-16-24SUPERINTENDENT APPROVAL [Signature]DATE 12/17/24TREASURER'S OFFICE [Signature]DATE 4/8/25

(form revised 04/25/2022)

STUDENT ACTIVITY PROPOSAL

SIDE ONE

ORGANIZATION Columbian High School ACTIVITY Bowling

PURPOSE fundraising

STARTING DATE 12-1-24 ENDING DATE 1-30-25

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 Plaza Lane's / View Point

COMPANY REPRESENTATIVE Jordan Rhode - Rhett Gill PHONE NO. _____

ITEMS FOR RESALE	QUANTITY	UNIT PURCHASE PRICE	PROPOSED RESALE PRICE
<u>Shirts</u>	_____	@ \$ <u>Cost</u>	@ \$ <u>Sold them at</u>
<u>Glow Bowling</u>	<u>90</u>	@ \$ <u>10</u>	@ \$ _____
_____	_____	@ \$ _____	@ \$ _____

Complete SECTION TWO for other activities:

DESCRIPTION OF REVENUE (please be specific)

Admission Fee \$15

PROJECTED RECEIPTS

\$ _____

\$ _____

\$ _____

DESCRIPTION OF EXPENSES (please be specific)

\$5 per person

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 1-23-25

PRINCIPAL [Signature] DATE 1-23-25

SUPERINTENDENT _____ DATE _____

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

STUDENT ACTIVITY RECONCILIATION

ORGANIZATION Columbian

ACTIVITY Bowling

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>1</u>	@ <u>176.33</u>	\$ <u>176.33</u> PURCHASES)
	<u> </u>	@ <u> </u>	\$ <u> </u>
	<u> </u>	@ <u> </u>	\$ <u> </u>
Less quantity returned to vendor and unit cost	<u> </u>	@ <u> </u>	\$ <u> </u> +RETURNS
	<u> </u>	@ <u> </u>	\$ <u> </u>
	<u> </u>	@ <u> </u>	\$ <u> </u>
Less quantity sold during activity and sales price	<u> </u>	@ <u> </u>	\$ <u> </u> +SALES
	<u> </u>	@ <u> </u>	\$ <u> </u>
	<u> </u>	@ <u> </u>	\$ <u> </u>
Equals quantity unaccounted for and unit cost (attach explanation)	<u> </u>	@ <u> </u>	\$ <u> </u>
	<u> </u>	@ <u> </u>	\$ <u> </u>
	<u> </u>	@ <u> </u>	\$ <u> </u>
Other expenses	<u> </u>		\$ <u>0</u> (EXPENSES)
	<u> </u>		\$ <u> </u>
	<u> </u>		\$ <u> </u>
Net profit			\$ <u>62.67</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>239.00</u> DEPOSITS

Complete SECTION TWO for other activities:

Description of revenues	<u>Tickets sold @ \$11⁰⁰ each or 6 for \$5⁰⁰</u>	\$ <u>239.00</u> +REVENUE
	<u> </u>	\$ <u> </u>
	<u> </u>	\$ <u> </u>
	<u> </u>	\$ <u> </u>
Description of expenses	<u>Bowling ball</u>	\$ <u>176.33</u> -EXPENSE
	<u> </u>	\$ <u> </u>
	<u> </u>	\$ <u> </u>
	<u> </u>	\$ <u> </u>
Net profit		\$ <u>62.67</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>239.00</u> DEPOSITS

ADVISOR [Signature] DATE 1-23-25

PRINCIPAL [Signature] DATE 1-23-25

SUPERINTENDENT DATE

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