

# STUDENT ACTIVITY PROPOSAL

ORGANIZATION School Facility Dogs ACTIVITY Cooper  
 PURPOSE To raise funds for health and wellness needs  
 STARTING DATE ASAP ENDING DATE 11-22

Would like to  
start Orders by  
Fri, Nov 15  
thanks

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 Viewpoint Graphics, 132 S. Washington St. Tiffin  
 COMPANY REPRESENTATIVE Pete Krupp PHONE NO. \_\_\_\_\_  
 ITEMS FOR RESALE QUANTITY UNIT PURCHASE PRICE PROPOSED RESALE PRICE  
Please see attached \_\_\_\_\_ @ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_  
 \_\_\_\_\_ @ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_  
 \_\_\_\_\_ @ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_

## 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
_____	\$ _____
_____	\$ _____
_____	\$ _____
DESCRIPTION OF ANTICIPATED EXPENSES	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.

## 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 Melissa Mello  
 PRINCIPAL APPROVAL [Signature]  
 SUPERINTENDENT APPROVAL [Signature]  
 TREASURER'S OFFICE [Signature]  
 (form revised 04/25/2022)

DATE 11-4-24  
 DATE 11-4-24  
 DATE 11/13/2024  
 DATE 11/15/2024

# STUDENT ACTIVITY RECONCILIATION

ORGANIZATION \_\_\_\_\_

ACTIVITY \_\_\_\_\_

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

ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_

TREASURER'S OFFICE \_\_\_\_\_ DATE \_\_\_\_\_

\* JERZ 29M 5/5 72-143 PCS.

2 COLOR FRONT

YOUTH - \$5.49 EA.

\* GILDAN 18000 CREW

YOUTH \$12.11 EA.

\* GILDAN 18500 HOOD

YOUTH \$15.96



132 S. Washington St. - Tiffin, OH - 44883  
Ph: 419-447-6073 - E: [viewpt@sbcglobal.net](mailto:viewpt@sbcglobal.net)

Order#:

Order Date:

Due Date:

Customer P.O.:

Customer Code:

10/30/24

Note: Quotes are only good for 2 weeks from the date on this form

Order Name: *Copple T S*

Contact:  
Phone/Cell:

Bill To:

*TCS*

Terms:

Phone:

Product Description	Shirt Color	No. Of Colors	Size	QTY	Cost Each
<i>Softstyle 64000</i>		<i>2</i>		<i>S-XL</i>	<i>650</i> <del><i>114</i></del> <i>764</i>
<del><i>45 Sildan 2400</i></del>		<del><i>2</i></del>		<del><i>S-XL</i></del>	<del><i>915</i></del> <del><i>114</i></del> <del><i>1036</i></del>
<i>Sildan 18000</i> <i>Crewneck</i>		<i>2</i>			<i>1288</i> <del><i>114</i></del> <i>1299</i>
<i>Sildan 18500</i> <i>Hoodies</i>		<i>2</i>		<i>S-XL</i>	<i>1690</i> <del><i>114</i></del> <i>1804</i>
<del><i>Printing Back</i></del>					

Notes:

Sub-Total:

Artwork:

Screens:

Re-Set:

Color Chg:

*1200*

Imprint Colors:

Print Location:

Customer Goods Release: VPG will NOT be responsible for customer goods that are damaged in anyway during the production process or due to pre-existing flaws. All **RUSH** Orders (5 day turn time or less) require a \$5 per item or \$35 per order fee and will be determined by VPG.

Marketing Release: VPG reserves the right to use images taken of the goods being produced during production for promotional purposes including social media, printed material, display and website without liability.

Signature:

Date:

Signature:

Date: