

SALES PROJECT POTENTIAL FORM

THIS SECTION TO BE COMPLETED *PRIOR* TO ANY PURCHASES:

Advisor Name:	
Student Activity Name:	
Student Activity Fund:	
	Fund(3) Func(4) Obj(3) SPCC(4) OU(3)
Proposed Sale Project:	
Purchase Order #:	
Estimated Completion Date:	

(A)	Quantity to be Ordered:	
(B)	Cost per unit:	
(C)	Estimated Total Cost: (A)*(B)	
(D)	Proposed Sale Price:	
(E)	Estimated Revenue: (A)*(D)	
(F)	Estimated Profit: (E)-(C)	

******(If more than one item attach copy of Requisition)******

Advisor's Signature and Date

Principal's Signature and Date

Advisor's Name (PRINTED)

Superintendent's Signature and Date

Treasurer's Signature and Date

THIS SECTION TO BE COMPLETED UPON PROJECT COMPLETION:

(A)	Totals Purchases(Attach copies of PO's):	
(B)	Total Receipts(Attach copies of Pay-In's):	
(C)	Revenue: (B)-(A)	
(D)	Variances (Provide documentation):	

Advisor's Signature

Principal's Signature

Date

Treasurer's Signature