

School Name (No.) - SCC

DEPOSIT SLIP

YOUR NAME: _____DATE: _____

FOR OFFICE USE ONLY:

DEPOSIT TO: ACCOUNT NAME: _____ACCOUNT #: _____
ACCOUNT NAME: _____ACCOUNT #: _____
ACCOUNT NAME: _____ACCOUNT #: _____

REASON FOR DEPOSIT: _____
(Name of FUNDRAISER)

DATE OF FUNDRAISER: _____

CHEQUES (more space provided on reverse)			BILLS			
Name on Cheque / Student full Name	Amount			X		
Name on Cheque				X	\$5.00 =	
Student:				X	\$10.00 =	
Name on Cheque				X	\$20.00 =	
Student:				X	\$50.00 =	
Name on Cheque				X	\$100.00 =	
Student:			ROLLED COIN			
Name on Cheque				X	\$0.05 (\$2.00) =	
Student:				X	\$0.10 (\$5.00) =	
Name on Cheque				X	\$0.25 (\$10.00) =	
Student:				X	\$1.00 (\$25.00) =	
Name on Cheque				X	\$2.00 (\$50.00) =	
Student:			LOOSE COIN			
Name on Cheque				X	\$0.05 =	
Student:				X	\$0.10 =	
Name on Cheque				X	\$0.25 =	
Student:				X	\$0.50 =	
				X	\$1.00 =	
XXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXX		X	\$2.00 =	
TOTAL CHEQUES			TOTAL BILLS & COIN			
DEPOSITOR'S SIGNATURE: (Teacher/Submitter)			TOTAL DEPOSITED			
SECOND SIGNATURE:						

**SCHOOL NAME S.C.C.
CHEQUE REQUEST**

Appendix B

DATE:	DATE CHEQUE REQUIRED:
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ISSUE CHEQUE TO: (name of person/company that the cheque is to be made out to)

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REASON FOR PAYMENT: (state events & dates where possible - attach receipts & invoices)

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ACCOUNT NAME	ACCOUNT #	AMOUNT	HST
.....		\$.....	\$.....
.....		\$.....	\$.....
.....		\$.....	\$.....
.....		\$.....	\$.....

CHEQUE REQUESTED BY:

GIVE CHEQUE TO REQUESTER:		or MAIL CHEQUE TO ABOVE ADDRESS:	
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For Office Use Only

SCC AUTHORIZATION:	
PAYMENT AUTHORIZED BY:	
ISSUED ON:	BY:
CHEQUE NUMBER:	ACCOUNT BALANCE:

School Name
Advance Request

Name of Recipient: _____ Date: _____

Anticipated Event / Purchase Date: _____ Category: _____

These funds are required to pay for expenses for:

I agree that the actual expense will be detailed on an Expense Report and will be submitted no later than 3 days following the event or purchase. I hereby authorize the Durham District School Board to deduct the advance from my salary (Employees Only) if I do not report actual expenses on such form in an acceptable and timely manner.

Signature of Recipient

Printed Name

Date

Principal/Designee

Printed Name

Date

SCC Treasurer/Chair (if applicable)

Printed Name

Date

SCHOOL NAME

& LOGO

FUNDRAISING PROCEDURES as per DDSB Regulation #5131

All fundraising projects shall be consistent with the school plan and must be pre-approved by the Principal.

Before a major fundraising project begins the following steps must be completed:

- An Outline of the fundraising project proposed (see Appendix G) should be submitted to the Principal for approval. It should include the following:
 - The purpose for the fundraiser
 - Insurance requirements
 - Time frame (beginning and ending dates)
 - Estimated revenue to be raised
 - What it will be spent on (i.e. School programs, new resources etc)
 - Plan for excess funds raised over and above the expenditures/donation
- At the conclusion of the fundraiser the organizer shall prepare a summary report. (See Appendix H) The report shall include the results & notes, the amount raised and an Itemized list of expenditures from the fundraising money. This shall be submitted to the Office along with the proposal for audit purposes.

FUNDS RAISED ARE TO BE SPENT ON PRE-APPROVED ITEMS ONLY

All monies raised through fundraising initiatives shall be deposited INTACT (no expenses withdrawn) to the bank. Consistent with the Board's internal control procedures, any expenses incurred to fundraise shall be reimbursed by cheque or petty cash **NOT from cash collected.**

PLEASE REMEMBER THE SCHOOL FOOD AND BEVERAGE POLICY (Policy/program memorandum 150) requires that all food and beverages offered for sale in schools must comply with the nutrition standards and requirements set out with the policy.

SCHOOL NAME
& LOGO
FUNDRAISING PROPOSAL

S.C.C. ☐ Student Initiative ☐ Parent Initiative (not SCC) ☐ Staff Initiative ☐

PERSON(S) IN CHARGE: _____ Date : _____

PURPOSE OF FUNDRAISER:

INSURANCE REQUIRED: Y / N INSURANCE PROVIDER: _____

TIME FRAME FOR FUNDRAISER Beginning _____ Ending _____

FUNDRAISING PLAN: Estimated Revenues: \$ _____

PLAN FOR EXCESS FUNDS RAISED:

APPROVED: Y / N Principal's Signature: _____ Date: _____

SCHOOL NAME
& LOGO
FUNDRAISING RESULTS

S.C.C. ☐ Student Initiative ☐ Parent Initiative (not SCC) ☐ Staff Initiative ☐

PERSON(S) IN CHARGE: _____ Date: _____

RESULTS OF FUNDRAISER & NOTES: (Net Profit - what it is being used for & what will happen to excess funds) \$

FUNDRAISING EXPENDITURES \$

AMOUNTS RAISED: \$

Reviewed by - Principal's Signature: _____ Date: _____

		<u>Balance</u>	<u>Expense</u>	<u>Revenue</u>	<u>Transfer In</u>	<u>Transfer Out</u>	<u>Balance</u>
		<u>Forward</u>					
Elem-Fundraising SCC							
SCC Operations							
SCC Fundraiser - Dance-A-Thon	34071	\$219.92	\$0.00	\$120.00	\$0.00	\$0.00	\$339.92
SCC Fundraiser - Fun Fair/BBQ	34072	\$438.73	\$0.00	\$0.00	\$0.00	\$0.00	\$438.73
SCC Fundraiser - One Time Events	34074	\$145.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.00
SCC Fundraiser - Pizza/Sub Days	34070	\$440.17	\$0.00	\$160.00	\$0.00	\$0.00	\$600.17
Umbrella Total:		\$1,243.82	\$0.00	\$280.00	\$0.00	\$0.00	\$1,523.82
Umbrella Type Total:		\$1,243.82	\$0.00	\$280.00	\$0.00	\$0.00	\$1,523.82
Grand Total:		\$1,243.82	\$0.00	\$280.00	\$0.00	\$0.00	\$1,523.82

09/01/2017 ... 09/30/2017
 Date ... Range

2017-2018

Summary for: SCC Fundraiser - Dance-A-Thon
Cat. #: 34071

Contact Person:
 Balance Forward: \$219.92

Date	Transaction	Description	Debit	Credit	Cleared	Balance
09/18/2017	Deposit 46	Tickets sold		\$100.00	☐	\$319.92
09/18/2017	Deposit 46	Ticket Sales		\$20.00	☐	\$339.92
09/29/2017	Cheque 53	Don the DJ DJ for Dance-a-thon	\$100.00		☐	\$239.92
						\$239.92

Summary for: SCC Fundraiser - Fun Fair/BBQ
Cat. #: 34072

Contact Person:
 Balance Forward: \$438.73

Date	Transaction	Description	Debit	Credit	Cleared	Balance
					☐	\$438.73
						\$438.73

Summary for: SCC Fundraiser - One Time Events
Cat. #: 34074

Contact Person:
 Balance Forward: \$145.00

Date	Transaction	Description	Debit	Credit	Cleared	Balance
					☐	\$145.00
						\$145.00

Summary for: SCC Fundraiser - Pizza/Sub Days
Cat. #: 34070

Contact Person:
 Balance Forward: \$440.17

Date	Transaction	Description	Debit	Credit	Cleared	Balance
09/18/2017	Deposit 46	Pizza Sales for Sept 22nd		\$160.00	☐	\$600.17
09/22/2017	Cheque 52	Topper's Pizza Sept 22 Pizza day	\$76.00		☐	\$524.17
						\$524.17

Opening Balance: \$1,243.82

176.00 280.00 \$1,347.82

Appendix F

Appendix 1