SALES PROJECT POTENTIAL
CLEVELAND METROPOLITAN SCHOOL DISTRICT

DATE ______________

SCHOOL NAME ___________________________ SCHOOL # ___________________________

Name of School Group: _____________________ Advisor’s Name: _______________________

Purpose Activity _______________________________________________________________________

Product to be Sold or Fund Raising Activity __________________________________________________________________________________

Estimate your cost _______________________________________________________________________

Estimate selling price _______________________________________________________________________

Estimate how much money, fund raising activity will receive _______________________________________________________________________

Company and Address _______________________________________________________________________

Date sale to begin: ________________ Date sale is to end: __________________

Advisees whose groups are conducting a fund raising activity are responsible for the entire project. They must deal with the salesman, order the product, distribute the product to the students, collect the money from the students, turn in the money to the office, return unused portion to the company. **All advisors and principals are cautioned that they are responsible to the company for the payments of all goods received.**

Advisor’s Signature: ________________________________ Date: ________________

Principal’s Signature: ________________________________ Date: ________________

Approved By: ________________________________

Budget Division

**THIS SECTION TO BE FILLED OUT WHEN THE FUND RAISER IS COMPLETED:**

<table>
<thead>
<tr>
<th>Total Purchases</th>
<th>Total Deposit</th>
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Advisor’s Signature Date Principal’s Signature Date

Form AF2

Budget Division Approval