

SALES PROJECT POTENTIAL

Student Activity Name _____

Advisor _____ Fund and Special Cost Center _____

Proposed Sales Project _____

Vendor Name _____

Vendor Address _____

Representative _____

Project Beginning Date _____ Project Ending Date _____

Quantity	@	\$	Unit Cost	Sale Price/Unit	Projected Profit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(attach detailed order form if space given is insufficient)

Grand Total Projected Profit \$ _____

Requested by: _____

Approved by: _____

Sponsor Signature _____

Principal/Bidg Administrator _____ Date _____

Date _____

Superintendent _____ Date _____

* Upon completion of the Sales Project, submit a completed a Summary of Sales Project Report with the Treasurer, Building Principal or Coordinator and retain a copy for your files.