

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 _____

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

(attach detailed order form if space given is insufficient)

Requested by:

Approved by:

Sponsor Signature

Principal/Bldg Administrator Date

Date

Superintendent Date

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