

**Pickaway-Ross Career and Technology Center  
ACTIVITY REQUEST**

Date of requested activity: \_\_\_\_\_

Times of requested activity: \_\_\_\_\_ to \_\_\_\_\_

Location of activity: \_\_\_\_\_

Sponsor Group of activity: \_\_\_\_\_

Other Groups involved in the activity: \_\_\_\_\_

Outside persons Involved in the activity: \_\_\_\_\_

Type of activity:  
Community Service \_\_\_\_\_ Fund Raiser \_\_\_\_\_ Instructional Supplement \_\_\_\_\_ Social \_\_\_\_\_ Other \_\_\_\_\_

Description of Activity: \_\_\_\_\_  
\_\_\_\_\_

Special facility arrangements needed: \_\_\_\_\_  
\_\_\_\_\_

<b>Fund Raising Activities:</b>		
Quantity Ordered _____	Unit Cost _____	Unit Sale Price _____
Estimated Profit Margin: _____%		
<b>Activity Profit Statement:</b>		
Purchases _____ @ \$ _____ = \$ _____	Less returns _____ @ \$ _____ = \$ _____	
Less returns _____ @ \$ _____ = \$ _____	Total _____ @ \$ _____ = \$ _____	
Quantity of items and/or funds unaccounted for: _____		
Total Deposited with Cashier \$ _____		
Explanation of any discrepancy _____		

Staff member accepting responsibility for activity: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution: \_\_\_\_\_ Security \_\_\_\_\_ Attendance/Reception Desk \_\_\_\_\_ Custodian \_\_\_\_\_ Cafeteria \_\_\_\_\_ Other \_\_\_\_\_ File \_\_\_\_\_