

**Licking Valley Local School District
Student Activity Accounts
Potential for Sales**

Date: _____

Student Activity Name: _____ **Student Activity Advisor:** _____

Student Activity Account #: _____

Vendor Name & address:

Items to be purchased: _____

Beginning date of sale: _____ **End date of sale:** _____

(This should be a two week time span, anything exceeding this time needs prior approval.)

Where will items be sold at: School School related event Community

Does this sale involve students: Yes No

(If yes, this sales needs to be run through the district office.)

If applicable: *(If not applicable, please attach flyer or supporting documentation for sale.)*

- Total number to be ordered: _____
- Price billed per item: _____
- Selling price per item: _____
- Potential profit per item or total: _____

Student Activity Advisor: _____

Approval of:

Principal/Athletic Director: _____

Student Activity Office: _____

Superintendent: _____

Treasurer: _____