

## EGHS Team Information Form

Sport: \_\_\_\_\_ Year: 20\_\_\_\_ - 20\_\_\_\_

Gender:  Men's  Women's      Season:  Fall  Winter  Spring

Varsity Coach: \_\_\_\_\_  
Name Cell Email

JV Coach: \_\_\_\_\_  
Name Cell Email

List all other PAID assistants (via district stipend or booster payment)

	(Circle)	
Name: _____	V JV	Funding: <input type="checkbox"/> District <input type="checkbox"/> Booster
Name: _____	V JV	Funding: <input type="checkbox"/> District <input type="checkbox"/> Booster
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Name: _____	V JV	Funding: <input type="checkbox"/> District <input type="checkbox"/> Booster
Name: _____	V JV	Funding: <input type="checkbox"/> District <input type="checkbox"/> Booster
Name: _____	V JV	Funding: <input type="checkbox"/> District <input type="checkbox"/> Booster

**Please note that all paid personnel must complete the district process including human resources and payroll to receive funds. All head and assistant coaches are required by law to be paid by the district.**

If you have a booster club, please provide the following information

Official Name of Organization: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

President Name: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Team funds are maintained by booster club?  No  Yes, bank: \_\_\_\_\_

To assist in processing necessary paperwork through the season, please provide the following team documents with this form or as soon as possible to the controller:

Other reminders -

- All uniforms and equipment used by students **MUST** be purchased through the ASB. Funding will be determined between the athletics budget allocation (if any), booster club support, team fundraising, and any combination thereof.
- Prior approval must be obtained for **ALL** expenditures from ASB accounts - athletics or team - including uniforms, equipment, entry fees, team meeting expenses, etc. Contact the controller for assistance in completing the paperwork.
- Contact facilities coordinator Rosie Marchman in the attendance office to schedule other team events such as parent meetings, end of year banquets, etc.

Please complete ALL areas of this form.

**ACCOUNT BUDGET/PRIOR APPROVAL FORM - SCHOOL YEAR \_\_\_\_\_**

**Team Sport**

**ASB Account Number**

Each team must complete a budget form for the current school year reflecting all income and expenses including booster support. All expense items must have a completed prior approval form for each expense listed by vendor. All fundraisers including booster fundraisers require a Fundraiser Worksheet and supporting documents.

Complete this budget form and submit with the other required forms to the athletic director 60 days before the start of your season. If you need help completing this form please contact the controller.

**ASB Club/Account beginning balance on July 1st of current school year: \$ \_\_\_\_\_**

Description	Vendor	FTF	Estimated Project Income	Estimated Project Expenses
Income -				
Fundraisers (any activity bringing in money):				
1	Complete Fundraiser Worksheet			
2	Complete Fundraiser Worksheet			
3	Complete Fundraiser Worksheet			
4	Complete Fundraiser Worksheet			
5	Complete Fundraiser Worksheet			
Donations:				
1				
2				
Booster Club Contribution				
Expenses -				
Uniform items (fill-in)				
Spirit wear				
Team equipment				
Senior night				
End of year party/awards				
Entry fees				
Assistant coach stipends (+18% benefits)				
Other: (specify)				
1				
2				
3				
4				
<b>Totals for Income &amp; Expenses:</b>			<b>\$</b>	<b>\$</b>
<b>Estimated year-end balance on June 30th of current school year:</b>				

Signature of Head Varsity Coach: \_\_\_\_\_

Signature of Athletics Director: \_\_\_\_\_

Signature of Controller: \_\_\_\_\_

Date of minutes approved by ASB Council: \_\_\_\_\_

Signature of ASB Student Representative: \_\_\_\_\_

Signature of Activities Director: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

# ELK GROVE HIGH SCHOOL FUNDRAISER WORKSHEET

**Student Sponsored Fundraiser**

**Booster Sponsored Fundraiser**

Complete this worksheet no later than 60 days PRIOR to date of fundraising activity. Activity must be approved PRIOR to committing/ obligating any funds for the activity. Students are not required to participate in fundraisers and no minimum quantity or sales are required of students that do participate. Students are not to solicit door-to-door.

Student sponsored fundraisers: For each item listed as an expense a PO request with estimates, quotes, etc. and facilities use form must be attached to this worksheet.

**Sponsoring Group/club/booster name:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_

**Describe the fundraiser:** \_\_\_\_\_

**What will the proceeds be used for:** \_\_\_\_\_

**Type of fundraiser:**  Dance  Performance  Carwash  Tournament/Camp  Candy/Cookies

**Other:** (specify) \_\_\_\_\_

**Location:** \_\_\_\_\_ **Start date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

**Advisor/Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Income/Expenses Estimates**

	Vendor	Income	Expenses	FTF Completed
<b>Income</b>				
General funds (current funds available)				
Item Sales (estimated number _____ x price \$_____)				
Donations (specify)				
Other (specify)				
<b>Expenses</b>				
Facility/venue				
Decorations				
DJ/Officials				
Entertainment (specify)				
Food				
Other (specify)				
Other (specify)				
Other (specify)				
Transportation				
Kitchen \$24 avg per hr (estimated hours) _____	EGUSD			
Custodial \$33 hr/Sat # hrs: _____ \$44/Sun # hrs: _____	EGUSD			
<b>Security</b>				
Campus Security 1/50 people/\$26 avg p/hr after school/wkends (# hrs) _____	EGUSD			
Off-duty Sac Co Sheriff req for multi-school events \$68 hr (# hrs) _____	Sheriff			
Advisor substitute \$180 avg per day (estimated # days) _____	EGUSD			
<b>Totals</b>				
<b>Profit/LOSS</b> income less expenses				

Advisor/Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Site Controller Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Director Approval (ASB groups only): \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# ELK GROVE HIGH SCHOOL - ASSOCIATED STUDENT BODY

## FINANCIAL TRANSACTION FORM

### INSTRUCTIONS FOR COMPLETING FORM

1. Purchases may be made by purchase order or by check with prior approval and with proper documentation.
2. Request forms are to be turned in to the Controller's Office for processing at least 14 days prior to date needed.
3. **PROHIBITED EXPENDITURES.** In addition to Education Code 48934, which deals with the use of student body organization funds, it should be noted that certain expenditures are prohibited:
  - a. Equipment, supplies, forms and postage for curricular or classroom use or for district business.
  - b. Repairs and maintenance of district-owned equipment.
  - c. Salaries or supplies which are the responsibility of the district.
  - d. Articles for the personal use of district employees.
  - e. Gifts, loans, credit, or the purchase of accommodations for district employees or others.

**Date of Request:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ - \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Group/Team/Club:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_

**Required for Student Organizations including Clubs, Councils, and ASB Council**

**Student Representative Signature:** \_\_\_\_\_

**A copy of meeting minutes with expenditure approval. Date approved:** \_\_\_\_\_

**The following transaction is requested:**

- Purchase Order (School will order and pay vendor. Requestor is to provide quote or estimate that includes sales tax and shipping.)
- Prior Approval (Required for all purchases not utilizing a PO.)
- Check (PRIOR approval must have been obtained. Original invoice, receipt, etc. must be attached)

**Date needed:** \_\_\_\_\_

**Mailing Instructions:**     Mail     Scan & email to \_\_\_\_\_  
 Will Pick Up     Teacher/Advisor Box     Fax to number: \_\_\_\_\_

**Vendor:** \_\_\_\_\_  
(Enter the name of the person or company to whom the check/purchase order will be made payable. Individuals MUST have a bank account.)

**Attn:** \_\_\_\_\_ **Quote/Invoice Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Street Number/P.O. Box #/etc.
City
State
Zip

Quantity	Unit	Description	Unit Price	Total

**Date of Meeting When Approved:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Required Signatures:**

ASB Student Representative: \_\_\_\_\_

Activities Director: \_\_\_\_\_

Principal: \_\_\_\_\_

Sub-Total	
Discount	
Sales Tax	
Shipping	
<b>TOTAL</b>	