

Ellicottville Central School

**Activity Funds Plan and Report**  
**NYS Taxes Paid When Club Uses ST-120 with Vendor**  
 (One form must be completed for each fundraising activity)

Club: \_\_\_\_\_ Date: \_\_\_\_\_

The above group is requesting permission to is requesting permission to conduct the following activity in compliance with the extraclassroom activity procedures, regulations and policies of the Ellicottville Central School. All receipts and disbursement of funds will be made in accordance with the Ellicottville Central School District procedures, regulations and policies.

Activity Planned: \_\_\_\_\_

	<b>Column A</b>	<b>Column B</b>
Expenses (Costs)	Projected	Actual
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Total Expenses	_____	_____

	Projected	Actual
Receipts (Income)		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
Total Receipts	_____	_____

Gross Profit (Total Receipts – Total Expenses) \_\_\_\_\_

Is revenue subject to NYS Sales Tax		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes: Taxable Sales (Total Receipts / 1.0825)	Projected	Actual
Sales Tax (Taxable Sales * .0825)	_____	_____

Net Profit (Gross Profit – Sales Tax) \_\_\_\_\_

	<b>Column A</b>		<b>Column B</b>	
	Signature	Date	Signature	Date
Faculty Advisor	_____	_____	_____	_____
Student Treasurer	_____	_____	_____	_____
Central Treasurer	_____	_____	_____	_____
Principal	_____	_____	_____	_____