




**OFFICE OF THE SUPERINTENDENT  
LONG BRANCH PUBLIC SCHOOLS  
540 Broadway, Long Branch, New Jersey 07740**

**MICHAEL SALVATORE, Ph.D.** "Where Children Matter Most"  
Superintendent of Schools

**PETER E. GENOVESE III, RSBO, QPA**  
School Business Administrator  
Board Secretary  
(732) 571-2868 Ext. 40100  
Fax: (732) 229-0797

September, 2017

**TO:** Academy Administrators/Principals/Club and Class  
Advisors

**FROM:** Peter E. Genovese III, RSBO, QPA   
School Business Administrator/Board Secretary

**RE:** Student Fund Procedures

I wanted to take this opportunity to address certain protocols which should help guide you as you take on the responsibilities of managing student funds. First and foremost because they are student funds, the students should organize and create a structure such as President, Vice-President, Treasurer, and Secretary and create a financial plan to support the purpose of the club. The advisor is there to guide the students in their planning and to insure our purchasing and deposit of funds rules and regulations are followed. When the students are planning to fund raise the advisor should make sure that the goals of the club can be met and that the fundraising activity will create a profit in order to achieve those goals. The forms below will help guide your advisors in this process.

The attached packet is to be filled out and returned to the Business Office for any fundraising activity that will be conducted throughout the 2017-2018 school year. The packet consists of the following:

1. **Student Fund Information Sheet** – This form is to be completed and signed at the beginning of every school year by the Club Advisor/Principal.
2. **Student Fundraiser Inventory Report** – This report is to be completed at the **end** of the fundraiser and forwarded to the Business Office. All invoices must be sent directly to the Business Office for payment.

3. **Student Fundraiser Final Financial Report** – This report must be submitted to the Business Office within **10 days** of the completion of your fundraiser.
4. **Student Fund Payment Request** – Please note that all invoices must be submitted to the Business Office for payment within 30 days. Payment must be made within the current fiscal year. All disbursements must be made by check. **No one** should be reimbursed or paid by cash.
5. **Student Fund Deposit Form** – All money collected must be brought to the Business Office daily.
6. **Fund-Raising Proposal Form** – This form **must** be filled out and approved by Dr. Freeman before the start of the Fund-Raiser. Copies of the approved forms have to be attached to all Student Fund Deposit Forms and Student Fund Payment Requests.

Please note that checks should not be made payable to the club, but to the respective student fund as follows:

- LBBOE High School Student Fund
- LBBOE Middle School Student Fund
- LBBOE Elementary Student Fund
- LBBOE JMF Early Childhood Student Fund

Also note that all checks must include the name, address, telephone number and student's name.

Any questions regarding the completion of any of the attached forms, please contact the Business Office at (732) 571-2868, extension 40152.

PEG/sdz  
Attachments

**LONG BRANCH PUBLIC SCHOOLS - BUSINESS OFFICE  
STUDENT FUND INFORMATION SHEET  
(ANNUAL)**

**SCHOOL NAME:** \_\_\_\_\_

**CLUB NAME:** \_\_\_\_\_

**CLUB ACCOUNT NUMBER :** \_\_\_\_\_

**ADVISOR NAME:** \_\_\_\_\_

**ADVISOR PHONE NUMBER:** \_\_\_\_\_ **SCHOOL**

\_\_\_\_\_ **HOME**

\_\_\_\_\_ **CELL**

**PURPOSE OF CLUB & WHAT WILL FUNDS BE USED FOR (BE SPECIFIC):**

\_\_\_\_\_  
\_\_\_\_\_

**A copy of the Student Fund Procedures has been received and reviewed.**

\_\_\_\_\_  
**ADVISOR SIGNATURE**

\_\_\_\_\_  
**DATE**

Long Branch Public Schools  
Business Office

**STUDENT FUNDRAISER INVENTORY REPORT**

School Name \_\_\_\_\_ Club Advisor \_\_\_\_\_  
 Club Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Club Number \_\_\_\_\_ Date of Fundraiser \_\_\_\_\_

ITEMS PURCHASED		ITEMS SOLD	ITEMS LEFT OVER
Quantity	Description	Quantity	Quantity

The items sold were     purchased    OR     donated    (check one)

If Purchased, from what Company:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Contact Name \_\_\_\_\_

*\*\*FILL OUT ONE FORM FOR EACH COMPANY PURCHASED FROM*

*\*\*ONLY ONE FORM IS NECESSARY IF ALL ITEMS WERE DONATED*

*\*\*ATTACH ADDITIONAL FORMS IF NECESSARY*

Signature Of Club Advisor \_\_\_\_\_ Date \_\_\_\_\_

**THIS REPORT IS DUE AT THE END OF THE FUNDRAISER**

# Long Branch Public Schools Business Office

## STUDENT FUNDRAISER FINAL FINANCIAL REPORT

School Name \_\_\_\_\_ Club Advisor \_\_\_\_\_

Club Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Club Number \_\_\_\_\_ Date of Fundraiser \_\_\_\_\_

ITEMS PURCHASED				ITEMS SOLD			Profit/Loss
Quantity	Description	Cost per Item	Total \$ Spent	Quantity	Selling Price	Total \$ Received	

Total \$ Spent \_\_\_\_\_ Total \$ Received \_\_\_\_\_ Total Profit/Loss \_\_\_\_\_

Number of Items Left After Fundraiser \_\_\_\_\_ Location of Left Over Items \_\_\_\_\_

Club Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit Made By (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**THIS REPORT IS DUE WITHIN 10 DAYS OF THE COMPLETION OF THE FUNDRAISER**

LONG BRANCH PUBLIC SCHOOLS  
STUDENT FUND PAYMENT REQUEST

DATE \_\_\_\_\_  
PLEASE DATE REQUEST

For Business Office use only  
CHECK NUMBER

NAME OF PAYEE \_\_\_\_\_  
PLEASE PRINT NAME TO APPEAR ON CHECK

PAYEE PHONE # \_\_\_\_\_ PAYEE FAX # \_\_\_\_\_

PURPOSE: \_\_\_\_\_

CLUB CHARGED: \_\_\_\_\_

CLUB NUMBER (If applicable): \_\_\_\_\_

AMOUNT OF REQUEST: \_\_\_\_\_

FUND-RAISING PROPOSAL FORM ATTACHED YES \_\_\_\_\_ N/A \_\_\_\_\_

ADVISOR SIGNATURE: \_\_\_\_\_ DATE

AUTHORIZATION: \_\_\_\_\_ DATE  
ACADEMY ADMINISTRATOR/BUILDING PRINCIPAL

APPROVAL: \_\_\_\_\_ DATE  
CENTRAL OFFICE ADMINISTRATOR

ACCOUNT BALANCE: \_\_\_\_\_

\*\*\* ALL REQUESTS MUST BE RECEIVED BY THE BUSINESS OFFICE WITH ALL APPROPRIATE SIGNATURES NO LATER THAN 10 BUSINESS DAYS PRIOR TO CHECK BEING CUT.

ORIGINAL RECEIPTS MUST BE ATTACHED TO RECEIVE PAYMENTS

Please read before signing

I do solemnly declare and certify that under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing to this claimant

APPROVAL: \_\_\_\_\_  
BUSINESS ADMINISTRATOR

DATE: \_\_\_\_\_

\_\_\_\_\_  
VENDOR SIGNATURE & DATE

**LONG BRANCH PUBLIC SCHOOLS  
BUSINESS OFFICE**

**STUDENT FUND DEPOSIT FORM**

**DEPOSIT DATE:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**CLUB NAME:** \_\_\_\_\_

**CLUB NUMBER:** \_\_\_\_\_

**FUND-RAISING PROPOSAL FORM ATTACHED: YES    N/A** \_\_\_\_\_

**DEPOSIT AMOUNT:** \_\_\_\_\_

**PRINCIPAL/ADVISOR SIGNATURE:** \_\_\_\_\_

**NOTE: A BANK DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM.  
PLEASE DO NOT COMBINE MULTIPLE FUNDRAISERS ON  
DEPOSIT FORM OR DEPOSIT SLIP.**

**LONG BRANCH PUBLIC SCHOOLS**  
**Fund-Raising Proposal**

Date \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ High School \_\_\_

School Name \_\_\_\_\_

Person in Charge of Activity \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Extension \_\_\_\_\_

Club Advisor Name \_\_\_\_\_

Club Name \_\_\_\_\_

Club Number \_\_\_\_\_

Date(s) of Function (be specific) \_\_\_\_\_

Name and address of company used (if applicable)  
\_\_\_\_\_

Type of Activity:

Sale	_____	Item/items	_____
Dance	_____	Admission Price	_____
Advertising	_____	Rate	_____
Play	_____	Admission Price	_____
Concert	_____	Admission Price	_____

Others (please specify) \_\_\_\_\_

Funds Raised will be used for \_\_\_\_\_

Estimated Budget:

Sales - \_\_\_\_\_

Expenses - \_\_\_\_\_

Profit- \_\_\_\_\_

**Signature** - I understand that my responsibility is to insure the safekeeping of funds and inventory to be used for the sale of goods. I further understand that all funds will be deposited in the bank or brought to the Board Office daily.

Member in Charge \_\_\_\_\_  
Signature

Principal/Administrator \_\_\_\_\_

Assistant Superintendent of Schools \_\_\_\_\_

**\*\*\*PLEASE NOTE: The Business Office must be given ten (10) days to process any request checks.**