




**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, 2019

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 these goals. The forms listed 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 2019 – 2020 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 Sheet** – 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.

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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. Alvin Freeman before the start of the fundraiser. 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 JMFELC Student Fund

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

Any questions regarding 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

NEW / ACTIVE

(COMPLETED ANNUALLY)

NEW: _____

ACTIVE: _____

CLUB ACCOUNT NUMBER:

SCHOOL NAME: _____

CLUB NAME: _____

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

ADMINISTRATOR/BUILDING PRINCIPAL

DATE

REQUEST TO CREATE A NEW CLUB

SCHOOL BUSINESS ADMINISTRATOR:

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: _____ ADMINISTRATOR/BUILDING PRINCIPAL DATE _____

APPROVAL: _____ CENTRAL OFFICE ADMINISTRATOR DATE _____

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
LONG BRANCH, NEW JERSEY**

Request to Conduct Fund-Raising Activity

Date _____

Elementary School _____ Middle School _____ High School _____

Elementary School Name _____

Person in Charge of Activity _____

Home Phone # _____ Cell # _____

Work Extension _____

Club Name _____

Club Number _____

Date Submitted _____

Date(s) of Function _____

Name and address of company used (if applicable) _____

Type of Activity:

Sale	_____	Item	_____
Raffle	_____	Item	_____
Dance	_____	Admission Price	_____
Card Party	_____	Admission Price	_____
Advertising	_____	Rate	_____
Play	_____	Admission Price	_____
Concert	_____	Admission Price	_____
Other (please specify)	_____		

Signature - I understand that my responsibility is to insure the safe keeping 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 within 48 hours. Member in Charge: _____

Signature

Principal/Administrator _____

District Administrator _____

Assistant Superintendent _____

Superintendent _____

****PLEASE NOTE:** There will be a ten (10) day processing time for all checks needed prior to the fundraising event.