



Cedar Hill Independent School District

Collection of Funds Application / Sales Tax Record

Date: _____ Due 10 days prior to start date

Campus: _____

Sponsor Name: _____

Student Group: _____

Account Code: _____

Start and End Date: _____

Purpose of Collecting Funds: Why? What?

Whom? Price? _____

Sale Category	
Food*	<input type="checkbox"/> Prepared & served w/utensil <input type="checkbox"/> Not prepared w/o utensils
Fees	Cannot include supplies or uniforms in the fee.
Ticket sale	
Product Sale	
Commission	
Services	Must use CHISD invoice template.
Donation	Complete Intent to Accept Form

For online sales, complete the MyPaymentsPlus form.
*Food item must follow state nutritional guidelines.

Must be a CHISD approved vendor Vendor

Name: _____

Sponsor Signature _____

I have completed Sponsor Training and have submitted the Employee Finance Agreement.

FOR OFFICE USE

Secretary _____

Expense Account Code _____

Principal Signature / Date _____

Finance Signature / Date _____

ONE Day Tax Free Date Per Calendar Year (Jan-Dec)		
ACCOUNT	1 st Date	2 nd Date
Student (865)		
Campus (461)		
Staff (865)	Taxable	

Profit Estimator

1) Total Sales _____

2) Estimated Cost (quote) _____

3) Estimate Profit (Line 1 – Line 2 = Line 3) _____

Product Sale Recap Due to Finance 4 weeks after ending sale date
<u>ACTUAL SALES</u>

1) Total Deposits _____

2) Invoice(s) _____

3) Sale Tax _____

= Net Proceeds
Line 1 – Line 2 – Line 3 =
Line 4 _____