



STATE OF HAWAII
 DEPARTMENT OF EDUCATION
 OFFICE OF FISCAL SERVICES
 P.O. BOX 2360
 HONOLULU, HAWAII 96804

FORM 422 – MONEY-RAISING ACTIVITY

I. School _____
 Requested by _____
 Organization _____
 Place of Activity _____
 Purpose of Fundraising: _____

 (SAF Only) Funds will be deposited into the below Category Name/Number:
 Name _____ Number _____

School Application No. _____
 Complex Area Application No. _____
 Submittal Date _____
 School Year _____
 General Excise License No. _____
 Date of Activity _____ to _____

Description	Prior to Activity	After Activity
	Estimated Amount Needed	Amount Allotted
Goal (Must reflect same total as II.C. Net Profit)		

II. Means of Raising Funds (Describe in Detail – Ticket Sales, T Shirt Sales, etc.)

A. Revenues:

Description	Prior to Activity	After Activity
	Anticipated Revenues	Actual Revenues
Total Revenues		

B. Expenditures:

Description	Estimated Expenditures	Actual Expenditures
Total Expenditures		

C. Net Profit / (Loss) (A minus B) _____ (Must reflect same total as Goal)

III. Action:

Submitted By _____ / _____
(Officer of School Organization) (Print/Sign) (Advisor) (Print/Sign) (Date)

Approved By _____
(Principal) (Print) (Signature) (Date)

Approved By _____
(Complex Area Superintendent IF anticipated revenues exceed \$25,000) (Print) (Signature) (Date)

Financial Report: Due to Complex Area Office _____ (Date) (15 days after completion of activity IF anticipated revenues exceed \$25,000)

Approved By _____
(Principal) (Print) (Signature) (Date)

Approved By _____
(Complex Area Superintendent IF anticipated revenues exceed \$25,000) (Print) (Signature) (Date)