



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

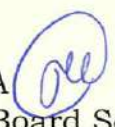
*"Together We Can, Juntos Nós Podemos, Juntos Podemos"*

**FRANCISCO E. RODRIGUEZ**  
Superintendent of Schools

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

September, 2023

**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 2020 - 2021 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.

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 Mr. Frank Riley 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 JMFECLC 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

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**

**Student Fund  
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 ensure 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 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.