

Request For Fundraiser Approval

(All fundraisers must be approved ,10 days in advance.)

Campus: _____

Group/Organization making request: _____

Fund raiser description: _____

Intended use of funds: _____

Are items taxable? Projected profit: \$ _____ Yes/No

If so, who is responsible for collecting taxes? Vendor School
Will you have a tax free sales day? If so, what date? _____

Yes/No

Vendor / Company providing products Name: _____

Address: _____

Phone: _____

Date fund raiser will begin: _____

Date fund raiser will end: _____

Date products should be delivered: _____

Last date for students to turn in collections or products: _____

I hereby request permission to conduct a money raising activity and I will be responsible for the proper conduct of that activity in accordance with Board Policy and the Activity Fund Manual.

Signature of Sponsor / Person Requesting Approval Date

Principal's Signature of Approval Date

Superintendent's Signature of Approval Date