

Fund-Raising and Monetary Collection Request

Part 1 – Complete Part 1 and send copy to the appropriate area assistant superintendent.

Organization:		Date:			
School/Facility:					
Product Line:					
Name of Vendor: (Vendor must be listed on the District's <i>Approved Fundraising Vendors' List</i>)					
Representative:		Address:			
Phone Number:		Fax Number:			
Date -- 1 st Choice	Date -- 2 nd Choice:	Time From	Time To:	Length: <input type="checkbox"/> All Day <input type="checkbox"/> ½ Day	Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No
Purpose for Funds:					
Student Incentives:					
Estimated Cost of Product:		Other Cost:		Estimated Profit:	
Signature of Sponsor/Organization Officer		Signature of Principal/Supervisor Approval		Signature of Area Assistant Superintendent's Approval	
NOTE: Approval of the principal, area assistant superintendent, and, if applicable, the Executive Director of Athletics if for an athletic group or the Executive Director of Fine Arts, if applicable, must be obtained prior to entering into a formal agreement with the designated vendor.				Signature of Executive Director of Athletics' or Fine Arts Approval, if applicable:	

Part 2 – Complete Part 2 when activity has been completed and send copies as designated below.

1. Receipts of Deposits (attach additional sheet if needed)

Date Deposited:	Deposit Number:	Amount:
Date Deposited:	Deposit Number:	Amount:
Date Deposited:	Deposit Number:	Amount:
		Total Deposits:

2. Expenses (attach back-up documentation such as receipts, bills, purchase orders, etc.)

a.	b.	c.	Total Expenses:
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3. Actual Profit [Total Deposits (#1) less Total Expenses (#2)]

Total Profit:

4. If negative profit, explain:

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Signature of Sponsor/Organization Officer	Signature of Financial Clerk	Signature of Principal/Supervisor
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