

Request for Fund-Raising Activity/Report of Fund-Raising

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, must be obtained prior to entering into a formal agreement with the designated vendor.				Signature of Executive Director of Athletics' Approval	

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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