

AUTHORIZATION TO CONDUCT A FUNDRAISER FORM

Please submit form to Campus Secretary. If the activity is approved then it will be placed on the school calendar.

After Superintendent approval/denial you will receive a copy with all necessary signatures.

Campus: _____ **Date:** _____

Activity Fund/Booster: _____ **Acct #:** _____

Contact Name/email/phone: _____

FUNDRAISER INFORMATION:

Requested Dates : 1st Choice _____ 2nd Choice _____

(circle one) TAXABLE SALE/NON-TAXABLE SALE/NOT A SALE

Type of merchandise to be sold/Fundraiser Info. _____

On Campus Sale ONLY: _____ Community/Campus Sale: _____

Funds generated will be used for: _____

Sponsor's Signature: _____

Principal's Signature: _____

APPROVE DISAPPROVE Superintendent Signature _____

Sponsors: Please have an announcement made the week of the sale to inform everyone of Fundraiser

Actual Sales:

Receipt #	Amount Deposited	Sales Tax (if applicable)
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Deposits	\$ _____	Total Sales Tax
		\$ _____

Actual Sales (Amount Dep.- Less Sales Tax) \$ _____

Actual Expense:

Invoice #	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____

Net Profit/Loss (Total Sales less Total Expenses) : \$ _____

Club Treasurer: _____ Club Sponsor: _____ Date: _____

It is the Sponsor's responsibility to complete form w/in 30 days of final sale and return to the Campus Secretary.