

Request for Authorization – Secondary Schools, DACE Schools, PTA/PTO Secondary

The Student Body of: Roybal Learning Center		PTA/PTO (if applicable):	
Please check type of request (1 through 5):		Date:	Telephone: 213-580-6400
1.	<input type="checkbox"/>	<b>Request to hold a fundraising activity</b>	
<b>Sponsor:</b>	ASB (student body)* <input type="checkbox"/>	Club** <input type="checkbox"/>	PTA/PTO*** <input type="checkbox"/> Cooperative (ASB & PTA/PTO)**** <input type="checkbox"/>
* 100% of proceeds must go to ASB      **Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB ***100% of proceeds can go to PTA/PTO      ****Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event)			
<b>Distribution of Proceeds:</b>	ASB Share 50 %	Club Share 50 %	PTA/PTO Share %
<b>Purpose of Fundraiser:</b>			
<b>Description of Fundraiser:</b>			
<b>Details of Fundraising Activity:</b>			
Begin Date: _____ End Date: _____ (Fundraising activities should not exceed 3 consecutive weeks)		On Campus: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time of Day: _____ (Fundraising activities cannot occur during instructional time)		Specific Location: _____	
If "On-Campus", is any third party vendor/business involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide name of vendor/business and description of services provided:			
2.	<input type="checkbox"/>	<b>Request for Expenditure</b> <i>This expenditure is in the ASB Budget: Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
Vendor/Contractor/Employee*:		Amount: \$	
Description:			
*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed.			
3.	<input type="checkbox"/>	<b>Receive a Cash or Non-monetary Donation</b>	
Donor/Vendor:		Amount: \$	
Item:	Make:	Model:	Serial #
Purpose:			
4.	<input type="checkbox"/>	<b>Transfer or Dispose of Student Body Owned Equipment/Inventory</b>	
Recipient:		Value: \$	
Equipment/Inventory Description: Note: If approved, item(s) should be removed from ASB Inventory.			
5.	<input type="checkbox"/>	<b>Other</b>	
Description:			
Approved in Student Body Council Meeting of _____ Minutes are attached to this Request.			
Signature of Principal (Required) _____		Signature of ASB Treasurer (Required for Secondary) _____	
Date _____		Date _____	
Signature of Financial Manager (Required) _____ Date: _____			
Signature of President, Local PTA/PTO (if involved): _____ 10 <sup>th</sup> /31 <sup>st</sup> District PTA _____ Date: _____			
After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event. Student Body Finance Section (SBFS): <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Comments:			
CFM Signature: _____ Date: _____			
Other Approvals (if applicable): M&O: _____ OEHS: _____			
If "On-Campus" and solely sponsored by PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10 <sup>th</sup> or 31 <sup>st</sup> PTA who will sign and then return back to SBFS.			
<b>For ASB sponsored or cooperative, if "On-Campus" and Third Party Vendor/Business is involved, school must check with Risk Management to confirm that additional approvals are not required.</b>			

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
STUDENT BODY FINANCE SECTION  
INCOME STATEMENT OF FUND-RAISING ACTIVITY**

School: Edward R. Roybal Learning Center  
Local District: Central  
Fundraising Activity (Event) \_\_\_\_\_  
Date of Event: \_\_\_\_\_  
Name of Team/Club: \_\_\_\_\_  
  
Description of fundraising-  
activity/items sold: \_\_\_\_\_  
\_\_\_\_\_

Sales (List Collections)	\$	_____	
		_____	
		_____	
		_____	
		_____	
		_____	
		_____	
<b>Total Sales Collections</b>		_____	\$ _____
Less: Expenses (see attached receipts)	\$	_____	
		_____	
		_____	
		_____	
		_____	
		_____	
<b>Total Expenses</b>		_____	\$ _____
<b>Net Profit</b>			_____

**Note: No home-made food should be sold. Hot snacks should be pre-packed.  
Please submit this form together with your final collection per event.**

Prepared by: \_\_\_\_\_

\_\_\_\_\_  
Name of Team Coach/Club Sponsor

\_\_\_\_\_  
Signature