# FUND RAISING REQUEST FORM

**SCHOOL / SCHOOL:** Choose an item.

**NAME OF ORGANIZATION:** Click or tap here to enter text.

**TEACHER(S) SPONSORING THE ORGANIZATION:** Click or tap here to enter text.

**SPONSOR(S) IN CHARGE OF COLLECTING MONEY:**Click or tap here to enter text.

**PURPOSE:**

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|  |

**HOW FUNDS WILL BE RAISED:**

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|  |

**HOW SCHOOL DISTRICT WILL BENEFIT:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **STARTING DATE:** Click or tap here to enter text. | **ENDING DATE:** Click or tap here to enter text. |

**NAME OF COMPANY FURNISHING PRODUCTS / ITEMS:**

|  |
| --- |
|  |

**PRODUCTS/ ITEMS TO BE SOLD:**

|  |
| --- |
|  |

**COST OF ITEMS TO BE SOLD:**

|  |
| --- |
|  |

**PERCENTAGE RECEIVED FROM SALES:**

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| --- |
|  |

The principal and/or school district is not responsible for collecting funds. Sponsors will collect all monies owed. Please note that report cards will not be held for unpaid debts.

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SPONSOR IN CHARGE OF COLLECTING MONEY DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAL’S SIGNATURE OF APPROVAL DATE

------------------------------------------------------------FOR CENTRAL OFFICE USE ONLY-------------------------------------------------------------

\_\_\_\_\_\_\_\_\_APPROVED

\_\_\_\_\_\_\_\_\_DISAPPROVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT DATE

***FUNDRAISER ACCOUNTABILITY***

The following information is to be sent to the Superintendent’s Office within TEN working days of the completion date of this approved fundraiser.

Fundraiser Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount of Monies Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expenses of Monies Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Profit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraiser Sponsor – *Print Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraiser Sponsor – *Signature* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date