

FUND RAISING REQUEST FORM

SCHOOL / SCHOOL: _____

NAME OF ORGANIZATION: _____

TEACHER(S) SPONSORING THE ORGANIZATION: _____

SPONSOR(S) IN CHARGE OF COLLECTING MONEY: _____

PURPOSE:

HOW FUNDS WILL BE RAISED:

HOW SCHOOL DISTRICT WILL BENEFIT:

STARTING DATE:	ENDING DATE:
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NAME OF COMPANY FURNISHING PRODUCTS / ITEMS:

PRODUCTS/ ITEMS TO BE SOLD:

COST OF ITEMS TO BE SOLD:

PERCENTAGE RECEIVED FROM SALES:

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.

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 Title: _____

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