

FUND-RAISING REQUEST FORM

1 (A) SCHOOL ORGANIZATION: _____ 1

2 (B) ADVISOR'S NAME: _____ 2

3 (C) TYPE OF FUND-RAISING ACTIVITY (e.g., selling what; doing what) 3

4 _____ 4

5 CHECK THE STUDENT INVOLVEMENT: _____ Selling door-to-door 5

6 _____ Selling from one's home 6

7 _____ Other: _____ 7

8 HOW MANY STUDENTS ARE INVOLVED: _____ 8

9 (D) USE(S) OF MONIES RAISED: _____ 9

10 _____ 10

11 _____ 11

12 (E) STARTING DATE: _____ ENDING DATE: _____ 12

13 (F) ANTICIPATED TOTAL DOLLARS TO BE RAISED: _____ 13

14 (G) COST TO THE CONSUMER (Individually) If more than one item is being sold, list each item 14

15 separately. _____ 15

16 (H) ESTIMATED TOTAL SALES: \$ _____ 16

17 PERCENTAGE RECEIVED BY THE SCHOOL ORGANIZATION: _____ 17

18 (I) ADMINISTRATOR'S SIGNATURE: _____ DATE: _____ 18

19 (J) BOARD APPROVED: YES NO DATE: _____ 19

20 (K) REASON FOR DISAPPROVAL: _____ 20

21 (L) DATE RECEIVED BY DIRECTOR OF FINANCIAL SERVICES: _____ 21

22 This completed form is to be submitted to the Director of Financial Services. All 22

invoices are to be submitted with a completed Activity Fund Requisition when the fund-raiser is over.

ANY FUNDS GENERATED THROUGH FUND-RAISING MAY BE EXPENDED ONLY WITH THE APPROVAL OF THE ACTIVITIES COORDINATOR AND/OR THE BUILDING PRINCIPAL