

FUND-RAISING REQUEST FORM

(A) SCHOOL ORGANIZATION: _____

(B) ADVISOR'S NAME: _____

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

CHECK THE STUDENT INVOLVEMENT: _____ Selling door-to-door
_____ Selling from one's home
_____ Other: _____

HOW MANY STUDENTS ARE INVOLVED: _____

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

(E) STARTING DATE: _____ ENDING DATE: _____

(F) ANTICIPATED TOTAL DOLLARS TO BE RAISED: _____

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

(H) ESTIMATED TOTAL SALES: \$ _____

(I) PERCENTAGE RECEIVED BY THE SCHOOL ORGANIZATION: _____

(J) ADMINISTRATOR'S SIGNATURE: _____ DATE: _____

(K) BOARD APPROVED: YES NO DATE: _____

(L) REASON FOR DISAPPROVAL: _____

(M) DATE RECEIVED BY DIRECTOR OF FINANCIAL SERVICES: _____

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