

Request for Fundraiser Approval

(All fundraisers must be approved 10 days in advance)

Campus: _____

Group/Organization making request: _____

Fundraiser description: _____

Intended Use of Funds: _____

Are items taxable? _____ If so, who is responsible for collecting taxes? _____
(yes / no) (school / vendor)

Will you have a tax free sales day? _____ If so, what date? _____
(yes / no)

Vendor / Company Providing Products Name: _____

Address: _____

Phone: _____

Date fundraiser will begin: _____ Date fundraiser will end: _____

Date projects should be delivered: _____

Last date for students to turn in collections or products: _____

Projected profit: \$ _____

I hereby request permission to conduct a money raising activity, and I will be responsible for the proper conduct of that activity in accordance with CISD Board Policy and Activity Fund Manual.

Signature of Sponsor/Person Requesting Approval _____ Date _____

Signature of Principal / Supervisor _____ Date _____

Superintendent's Signature of Approval _____ Date _____