



Fundraiser Authorization

School: _____ Group: _____

Sponsor: _____ Phone: _____

Proposed fundraising activity: _____

Company Name: _____ Sales Tax ID # _____
(this is required)

Contact Person: _____

Purpose of fundraiser: (be specific): _____

Projected Profit: \$ _____

Anticipated date(s) of fundraiser: Beginning _____ Ending _____

Fund/Account Name _____ Fund Account Number # _____

Account Balance: \$ _____ (if club or class account)
or Current General Fund Balance (if activity account) \$ _____

Expected student involvement (school wide or specific school organization): _____

How will funds be collected? _____

Percent of Profit: _____ Method of Payment: _____

Requested by: _____ Date _____
(Name/Title)

Approved by: _____ Date _____
(Principal)

Approved by: _____ Date _____
(Director of Schools or Designee)