



REQUEST TO HOLD A FUNDRAISER OR COLLECT CASH

SCHOOL-BASED FUNDRAISERS AND CASH COLLECTION ONLY

3 SIGNATURES BELOW MUST BE COMPLETED PRIOR TO COLLECTING OR DISBURSING ANY FUNDS
FUNDRAISING REQUESTS ARE DUE AT LEAST 30 DAYS PRIOR TO THE PROPOSED START DATE*

SCHOOL NAME: _____

GENERAL LEDGER ACTIVITY ACCOUNT NAME: _____

ACCOUNT #: _____
(IF APPLICABLE)

DATE OF REQUEST: _____

PROPOSED START DATE & TIME: _____

PROPOSED END DATE & TIME: _____

THIS IS AN ONGOING CURRICULM BASED EVENT

ACTIVITY SPONSOR/FUNDRAISING COORDINATOR:

THIS IS A PTA/501(c)3 SPONSORED EVENT

FIRST NAME: _____

LAST NAME: _____

TITLE: _____

PHONE: _____

EMAIL ADDRESS: _____

DESCRIPTION/TYPE OF FUNDRAISER: _____

ANTICIPATED USE OF FUNDS RAISED: _____

ANTICIPATED AMOUNT OF FUNDS TO BE COLLECTED AND RECEIPT DOCUMENTATION METHOD

REVENUE SOURCE AND RECEIPT METHOD DESCRIPTION (ATTACH ADDITIONAL SHEET(S) IF NEEDED):

AMOUNT:

RECEIPT METHOD: TRIPPLICATE TRANSMITTAL LIST CONCESSION WORKSHEET PRE-NUMBERED TICKETS OTHER
IF OTHER, DESCRIBE THE RECEIPT METHOD: _____

ANTICIPATED AMOUNT OF EXPENSES TO BE DISBURSED

EXPENSE TYPE DESCRIPTION (ATTACH ADDITIONAL SHEET(S) IF NEEDED):

AMOUNT:

SIGNATURES INDICATING APPROVAL:

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE POLICY AND ALL PROCEDURES APPLICABLE TO FUNDRAISING ACTIVITIES, AND WILL SUBMIT THE FUNDRAISING PROFIT AND LOSS STATEMENT WITHIN 5 DAYS OF THE COMPLETION OF THE FUNDRAISER.

PRINCIPAL'S SIGNATURE: _____

Date: _____

PRINT NAME: _____

ASSISTANT SUPERINTENDENT'S SIGNATURE: _____

Date: _____

CASH MANAGEMENT APPROVAL: _____

Date: _____

DISTRICT ASSIGNED ACTIVITY ID #: _____

(ASSIGNED BY CASH MANAGEMENT)

PLEASE EMAIL THIS FORM TO DPSCD.FUNDRAISING@DETROITK12.ORG; RETAIN THE ORIGINAL IN THE SCHOOL'S FILE