



# REQUEST TO HOLD A FUNDRAISER

SCHOOL-BASED FUNDRAISERS ONLY

ALL 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: \_\_\_\_\_

SPONSORING GROUP/CLUB NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

PROPOSED START DATE & TIME: \_\_\_\_\_

PROPOSED END DATE & TIME: \_\_\_\_\_

ESTIMATED NUMBER OF STUDENTS PARTICIPATING: \_\_\_\_\_

IS THE USE OF AN OUTSIDE VENDOR REQUIRED?

ACTIVITY SPONSOR/FUNDRAISING COORDINATOR:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION/TYPE OF FUNDRAISER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED USE OF FUNDS RAISED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED AMOUNT OF FUNDS TO BE COLLECTED AND RECEIPT METHOD (TRIPPLICATE, LIST, NUMBERED TKTS, ETC.)

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

ANTICIPATED AMOUNT OF EXPENSES TO BE DISBURSED

EXPENSE TYPE DESCRIPTION (ATTACH ADDITIONAL SHEET 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\*\*\*