

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:			_	
GENERAL LEDGER ACTIVITY ACCOUNT NAME:			ACCOUNT #: (IF APPLICABLE)	_
DATE OF REQUEST:	PROPOSED START DATE & TIME:		PROPOSED END DATE & TIME:	
ACTIVITY SPONSOR/FUNDRAISING COORD	INATOR:	 ∏THIS IS A	PTA/501(c)3 SPONSORED EVENT	_
FIRST NAME:		_		
				_
DESCRIPTION/TYPE OF FUNDRAISER:				_
ANTIQUATED LIGE OF FUNDS DAIGED.				_
ANTICIPATED USE OF FUNDS RAISED:				—
				_
ANTICIPATED AMOUNT OF FUNDS TO BE OR REVENUE SOURCE AND RECEIPT METHOD RECEIPT METHOD: DTRIPLICATE TRANSMITTAL LIFOTHER, DESCRIBE THE RECEIPT METHOD:	DESCRIPTION (ATTACH ADDITIONAL	SHEET(S) IF NEEDED):	AMOUNT:	_
ANTICIPATED AMOUNT OF EXPENSES TO I				
EXPENSE TYPE DESCRIPTION (ATTACH AD	DITIONAL SHEET(S) IF NEEDED):		AMOUNT:	
SIGNATURES INDICATING APPROVAL:				
BY SIGNING THIS DOCUMENT, I ACKNOWLE APPLICABLE TO FUNDRAISING ACTIVITIES, 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)				_