



SCHOOL FUNDRAISING REQUEST

DOOR-TO-DOOR SALES ARE PROHIBITED

Date of Request: _____	School: _____	Sponsor: _____
Contact Person: _____	Phone: _____	

PART 1:

EVENT DESCRIPTION:

DATE(S) OF EVENT: _____

REASON FOR REQUEST AND PROJECTED USE OF FUNDS: *(Type or print legibly. Be brief and concise.)*

CONTRACT REQUIRED: YES _____ MUST BE APPROVED BY BUSINESS ADMINISTRATOR
NO: _____ IF NO CONTRACT IS REQUIRED< PLESASE WRITE "NO CONTRACT"

Business Administrator Signature: _____

Requesting Party's Signature: _____			
Business AAD Signature (IF applicable): _____			
Principal's Signature: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	
Central Office Signature: _____	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	

PART 2:

REQUIRED: SUBMISSION OF REVENUE ON COMPLETION OF FUNDRAISING EVENT.

GROSS Receipts:		NET Receipts:	
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NOTE: If gross/net receipts are not submitted to Dr. Rogers' office within 30 days, future Fundraising Requests may NOT be approved.