**South San Antonio Independent School District Campus/District Fundraising Permission Request**



Organization:

Campus Permission is requested to conduct the following money-raising activity:

Vendor to be used:

Vendor #

 **All vendors must be approved vendors**

Specific purpose(s) for which the net proceeds are to be used:

Tax type: Taxable

|  |  |  |
| --- | --- | --- |
|  Non-Taxable Tax-Free Sales Day | Projected Sales |   |
|  Brochure/Catalog Sales | Less Cost Estimated Profit |    |

Begin Date:

 / /

End Date: / /

MM/DD/YY MM/DD/YY

On Campus Yes No Off Campus Yes No

Time of day (if applicable):

Location:

(example: gym, cafeteria, lecture hall)

**Facilities must be reserved through designated campus representative. Please be aware that your group may be charged personnel costs with facility usage.**

This is the 1st 2nd or money-raising activity for this year that I have requested.

I have requested permission to conduct a money-raising activity, and I will be responsible for the accountability of all monies collected. I will submit check requisitions for any expenditures, and will turn in all proceeds to the principal or his/her designee. I will submit a "Profit and Loss Report" within 10 days of completion of this fundraiser.

Please Print Sponsor Name Date

 Principal Signature Date

APPROVED

DISAPPROVED

 FUNDRAISER #