



# REQUEST FOR FUNDRAISING ACTIVITY

Northshore School District

Name of School: \_\_\_\_\_ Requestor's Name: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Will the money be used for ASB or General Fund purposes? \_\_\_\_\_

*\*If General Fund, then this activity must first be approved by the Business Office. See signature line below.*

How will the proceeds be used? \_\_\_\_\_

Beginning Date of Fundraiser: \_\_\_\_\_ Ending: \_\_\_\_\_

Add to TouchBase Lite: InTouch Item # \_\_\_\_\_

[FORWARD A COPY OF THIS COMPLETED FORM TO RHONDA DREW IN ACCOUNTING FOR POSTING TO FUNDRAISER.NSD.ORG]

On or Off Campus: (List all locations) \_\_\_\_\_

Please provide a brief explanation of your fundraising plan. How will the fundraiser be run? Include such things as vendor's name, product to be sold, supervision, facilities, special needs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COST OF ITEM TO BE SOLD	FUNDRAISER PROJECTION	
Each _____	Estimated Sales	\$ _____
Case _____	minus Estimated Purchased	(\$ _____)
Delivery _____	minus Expenses/Promotions	(\$ _____)
Tax _____	equals Estimated Total Profit	\$ _____
Total Cost _____		
Sale Price _____		

\* \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

DISTRICT APPROVAL SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(Required for General Fund Fundraising)

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
PRINCIPAL or PRIME ADVISOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
ASB CLUB ADVISOR SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_  
STUDENT REPRESENTATIVE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**\*If this activity is for General Fund purposes, send this form to Candy Manthey in Business Services for initial approval.**

Note: A purchase order (PO) must be obtained **BEFORE** ordering any merchandise in connection with this activity.  
ALL VENDORS ARE TO USE THE PO# ON INVOICES.