Activity Fund Accounting Procedures
Information for Sponsors/Secretaries
Request for Fundraiser
Nontaxable Items

Date_____________________________________
Campus___________________________________
Organization_______________________________

1. Goals or Objectives for the Fundraising Project
   _____________________________________________
   _____________________________________________

2. Proposed Amount to be Raised
   ______________________________________________

3. Items to be Sold
   ______________________________________________

4. Percent Profit to School
   ______________________________________________

5. Unit Selling Price
   ______________________________________________

6. Name and Phone Number of Sales Company
   ______________________________________________

7. Name and Phone Number of Salesman
   ______________________________________________

8. Dates of Fundraiser
   ______________________________________________

9. In School Solicitation YES NO
10. Out of School Solicitation Only YES NO
11. Unsold Items are Returnable YES NO
12. Planned use of Funds
   ______________________________________________
   ______________________________________________

Signature of Sponsor (Please Date)
Approval of Principal (Please Date)

Asst. Supt. - Business Services (Please Date)