



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 _____		
Delivery _____	minus Estimated Purchased	(\$ _____)
Tax _____		
Total Cost _____	minus Expenses/Promotions	(\$ _____)
Sale Price _____		
	equals Estimated Total Profit	\$ _____

* _____ 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 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.