

APPROVAL TO COLLECT FUNDS

Field Trip and Fundraising

(Form must be submitted 6 weeks in advance of activity.)

Revised

Building Name _____

Department/Team/Class/Club _____

Sponsor _____

Fundraising Date(s)/Time(s) _____

Sale Location _____

Description of Fundraiser _____

Purpose of Fundraiser _____

Name of Salesperson(s) _____

Name of adult responsible for collecting, counting and turning in money to the school's financial secretary the day of the sale _____

Approximate total amount to be raised (goal) _____

Fill out the estimate section of the Event Balance Sheet on reverse side)

- I agree to conduct this fundraiser in compliance with district policies.
- I understand that I am personally responsible for all funds collected and for keeping accurate records.
- I will exercise strict control over all products in my position.
- I will provide all money received along with the name and amount turned in by student [parent] to the financial secretary daily for deposits.
- I will have all expenditures paid through the financial secretary.
- I am responsible for completing the Event Balance Sheet for this fundraiser and will turn in all records to the financial secretary within 5 school days of the fundraiser end date.

Sponsor _____ Date _____
Signature

By signing this form you acknowledge all District policies and procedures will be followed for cash handling and cash procedures.

Routing Procedures

Date _____

Approved

Principal/Admin _____
Signature

Unapproved

Approved copy sent to Assistant Superintendent of Business, Jill Minnick

Approved copy sent to school's financial secretary

Approved copy sent to Sponsor

Upon completion of the fundraiser fill out the actual section of the Event Balance Sheet and submit to the school's financial secretary within 5 school days.

EVENT BALANCE SHEET

Product Sales

Estimate			Actual			Difference	
Anticipated participants		(qty)	Actual participants		(qty)		
Goal for each participant		(\$)	Actual Cost		(\$)		
Expected Total	\$ -		Actual total	\$ -		\$ -	

Reason for difference _____

OR

Field Trip

Estimate			Actual			Difference	
Anticipated participants		(qty)	Actual participants		(qty)		
Cost for each participant		(\$)	Actual Cost		(\$)		
Expected Total	\$ -		Actual total	\$ -		\$ -	

Reason for difference _____

DEPOSIT(S) GIVEN TO:

Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____
Name _____	Date _____	Amount _____