INDEPENDENT SCHOOL DISTRICT
GALVESTON
Island of Excellence ~ World of Opportunity

REQUEST FOR APPROVAL OF ORGANIZATION FUNDRAISER

(THIS APPROVED, COMPLETED FORM, MUST BE ATTACHED TO ALL ACTIVITY FUND DEPOSITS)

- Send completed form to Finance Department PRIOR TO START OF FUNDRAISER.
- Attach any information you have on the vendor to this form. Upon approval/denial, a copy will be sent to Campus Secretary.

Campus: _____

Principal: _____

Organization: _____

Type of Activity or Product to be sold: _____

Vendor: _____

Estimated profit from this fundraiser: _____

Profit to be used for: _____

Dates: Beginning: _____ **Ending:** _____

This is the **1st**____**2nd**____ **fund-raising activity for this organization.**

(Limit two per organization per Calendar Year)

Collection of Sales Tax (Based on product sold): ☐ **YES** ☐ **NO**

I have requested permission to conduct a fundraising activity, and I will be responsible for the accountability of all monies collected at the conclusion of the activity.

_____ _____
Signature of Sponsor Date

_____ _____
Signature of Principal Date

For Finance Department Use Only:

_____ _____
Finance Department Official Date

APPROVED ☐ DENIED ☐

FUND CODE: | | | | **E** | | | | | | | | | | | | | | | | | | | | | | |