

COLUMBIA SCHOOL DISTRICT

613 Wildcat Way
Columbia, Mississippi 39429

FUNDRAISER REQUEST

School: _____ Date Submitted: _____

Organization Sponsoring the Fundraiser: _____

Contact Person: _____ Contact Person's Phone Number: _____

Date(s) Fundraiser will be conducted: _____

Type of Fundraiser: _____

Proceeds to be used for:

Principal Approval: _____ Date: _____

Superintendent or Designee Approval: _____ Date: _____

School Board Approved: _____ Not Approved: _____ Date: _____

PRE-ACTIVITY ESTIMATES

Expenses

- Purchase of _____ from _____ company;
OR
- Catalogue sales from _____ (attach catalogue);
OR
- Purchase _____ supplies for sale of _____.

Revenue

- Admission fee of \$ _____ for student and \$ _____ for adults.
- Sale price of product(s) to be sold _____

Profit

- Expected profit in the amount of \$ _____ or _____ %

POST ACTIVITY

Total Amount Spent

\$ _____

Total Amount Collected

\$ _____

Total Amount of Profit/Loss

\$ _____

Contact Person Signature/Date

Principal Signature/Date

Complete the top of the form and the PRE-ACTIVITY ESTIMATES section. Obtain Principal approval and submit to the Superintendent or Designee. Upon completion of fundraiser, submit original form with POST ACTIVITY reported and approved by Principal to the Business Manager at Central Office.