FUNDRAISER AUTHORIZATION FORM

All fundraising activities must be authorized by the Principal and acknowledged by the Bookkeeper prior to the fundraiser beginning. Please complete all portions of this form, and deliver to the Bookkeeper.

Date of Request: _____ School: _____ Activity Number: _____

Type of Fundraiser: ☐ **Conventional** ☐ **Online**

Organization (i.e. Band, Athletic Boosters, etc.): _____

Purpose of Fundraiser: _____

Fundraiser Beginning Date: _____ Fundraiser Ending Date: _____

Type of Fundraising Activity (i.e. doughnuts, cookie dough, etc.): _____

Company Supplying Items for Sale: _____
(Sponsor must request a W-9 from the company and give to Bookkeeper)

By my signature below, I agree that I will conduct this fundraiser in accordance with the policies and procedures of the Winston County Board of Education.

_____ _____
Signature of Fundraiser Sponsor Date

_____ _____
Signature of Bookkeeper Date

Principal's Action: ☐ **Approved** ☐ **Not Approved**

_____ _____
Signature of Principal Date

Profit/Loss Calculation for Fundraising Activity

Amount Deposited	Expenses
$_____	$_____
$_____	$_____
$_____	$_____

Total Sales $_____ Total Expenses $_____

Net Profit/Loss (Total Sales less Total Expenses) **$**_____