

**Gateway Regional School District  
Fundraising Form – Part A**

**Request for Pre-Approval of Fundraiser**

Date of Request _____	School _____
Requestor (Advisor/Coach) _____	Phone _____
Name of Fundraising Group _____	Date(s) of Fundraiser _____
Describe Fundraising Activity _____	
Purpose for which funds wish to be used: _____	
Select One: <input type="checkbox"/> Soliciting in school only <input type="checkbox"/> Soliciting in school and community	
Will the fundraising item(s) cause a public relations concern? Yes _____ No _____	
Was this fundraiser done in the past? Yes _____ No _____    Estimated number of students involved _____	
Is this fundraiser managed through the student activity account? Yes _____ No _____	
Has applicable permit been received? Yes _____ No _____    Are school district facilities required? Yes _____ No _____	

**Estimated Accounting Summary of Fundraiser**

Estimated Revenue (amount you should have collected based on number of sales):	\$ _____
Estimated Expenditures (do not take expenses from money collected)	\$ _____
Estimated Net Profit/Loss (Total Revenue Received – Total Expenditures)	\$ _____

If district facilities are required, a School Use Form request must be filed with the Business Office. The School Use Form must be submitted with a copy of the Fundraising Form – Part A. Upon completion of the fundraiser, the requester is responsible for completing Fundraising Form – Part B form and attaching the original request.

Approval of Principal	Date	Approval of Business Manager	Date
Approval of Superintendent	Date		

**All money collected for fundraiser must be deposited DAILY in the safe in the central office.**

**Gateway Regional School District  
Fundraising Form – Part B**

Upon completion of the fundraiser, the Requester (Advisor/Coach) is responsible for completing this form and attaching it to the original request, Fundraising – Part A, and submitting it to the school principal and/or administrator for review. After the requestor and principal sign off, the form should be submitted to the business manager.

Name of Fundraising Group _____	Date _____
Requestor (Advisor/Coach) _____	Telephone _____
Date(s) of Fundraiser _____	

**Final Accounting Summary of Fundraiser**

Estimated Revenue (amount you should have collected based on number of sales):	\$ _____
Total Actual Revenue Received:	\$ _____
Total Expenditures (do not take expenses from money collected):	\$ _____
Net Profit/Loss (Total Actual Revenue Received – Total Expenditures)	\$ _____

\*If the fundraiser is processed through a school account, expense receipts and revenue documentation must be attached.

Advise when and how the profits will be utilized: \_\_\_\_\_

\_\_\_\_\_

Comments (explain any variances, success/failures of the fundraiser, etc.) \_\_\_\_\_

\_\_\_\_\_

**Final Approval of Reconciliation**

I hereby certify that the above accounting information is complete and accurate:	
Requestor (Advisor/Coach): _____	Treasurer: _____
Principal: _____	Business Mgr. _____

**All money collected for fundraiser must be deposited DAILY in the safe in the central office.**