

**CARROLL ISD
FUNDRAISING ACTIVITY APPROVAL FORM
2023/2024 SCHOOL YEAR**

This form, along with necessary signatures is required BEFORE fundraiser commences.

Campus _____ Date _____

Club Name _____ Sponsor _____

Beginning date of sale _____ Ending date of sale _____

Describe the purpose of this sale, including what the proceeds will be spent for _____

Describe the product or activity _____

Is this sale taxable? <input type="checkbox"/> Yes <input type="checkbox"/> No	If sale is taxable and if eligible, will this sale count as one of the two tax-free sale days within the CALENDAR year for your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your 1 st or 2 nd tax-free sale to date within the CALENDAR year?	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd

Fundraising Company Name	Representative	Phone Number
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Address _____

Street Address/P.O. Box Number	City	State	Zip
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Have all outstanding debts from previous activities been collected? Yes No

If no, please provide AMOUNT OUTSTANDING from fundraising company. \$ _____

Please estimate the following:

\$ _____	\$ _____	% _____
Approximate cost per item	Estimated profit	Percentage profit **

** If this IS NOT one of your organization's tax-exempt sales, please consider sales tax when estimating profit margin.

If purchasing items for resale, please provide the name of the vendor from which items will be purchased. **All purchased items must be made from CISD approved vendors.** Designation as a CISD approved fundraising company **DOES NOT** mean the vendor is a CISD approved vendor for purchases. Please check with the Assistant Director of Finance for approved vendor verification.

Proposed Vendor for Purchase of Items for Resale: _____

As sponsor, I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary for safe keeping. I further certify that I have read the CISD Fundraising Policies and Procedures. I will notify the Financial Services Office promptly of all outstanding debts so that appropriate action may be taken in a timely manner. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____
Sponsor _____ Date _____

Approved by _____
Principal/Director _____ Date _____

Approved by _____
Athletic Director (if applicable) _____ Date _____

Approved by _____
Accountant _____ Date _____