



MATHIS INDEPENDENT SCHOOL DISTRICT FUND COLLECTION AUTHORIZATION FORM

O – GS
CC – VC
C – Principal
C – Superintendent
C – Sponsor
C – Other: _____

Event Funds to be collected are which of following? (Please check one)

_____ Fund Raiser _____ Fees/Dues _____ Community Event _____ Donation

Other (Specify): _____
Ex. Cap & Gowns, field trip funds, t-shirts, etc.

Campus: _____ Club: _____

General Information:

Event Title: _____

A. What type of merchandise or service will be sold or provided?

B. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?

C. Vendor _____ Representative _____
Address _____ Phone _____

D. Event will be conducted from _____ to _____
(Month/Year) (Month/Year)

E. Funds generated will be used for (must provide specific details or purchases(s), travel, etc.)

Projected Sales and Expenses:

Total Projected Sales \$ _____
Total Projected Expenses \$ _____
Projected Net Profit \$ _____

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fund-raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ Date: _____

Campus Authorization:

() Approved () Disapproved Principal: _____ Date: _____

Business Office Authorization:

() Approved () Disapproved CFO: _____ Date: _____