# Kilgore Independent School District

## Request For Fundraiser Approval

(**All** fundraisers must be approved 60 days in advance.)

Campus: _____

****** If Fundraiser will be taking place on more than one campus, Principals of all participating Campuses must approve before submitting to Superintendent.**** If there is a flyer involved, it is the responsibilty of the group to make copies for campuses to hand out.**

Group/Organization making request: _____

Fundraiser description: _____

_____

Intended use of funds: _____

_____

Are items taxable? _____ (Yes/No) Projected profit: $_____

If so, who is responsible for collecting taxes? Vendor _____ School _____

Will you have a tax free sales day? _____ (Yes/No) If so, what date? _____

**Vendor / Company providing products**

Name: _____

Address: _____

_____

Phone: _____

Date fundraiser will begin: _____

Date fundraiser will end: _____

Date products should be delivered: _____

Last date for students to turn in collections or products: _____

**Does this item need to be added to REVTRAK for online collections? YES_____ NO _____**
**(If YES, please fill out the REVTRAK Item Entry form in Google Docs and submit.)**

I hereby request permission to conduct a money raising activity and I will be responsible for the proper conduct of that activity in accordance with KISD Board Policy and the Activity Fund Manual.

_____ _____
Signature of Sponsor / Person Requesting Approval Date

_____ _____
Principal's Signature of Approval Date

_____ _____
Business Office Approval Date

_____ _____
Superintendent's Signature of Approval Date