



Agua Dulce ISD - Fund Raiser Form

Student Organizations

"LONGHORN PRIDE"

Campus: _____ Date: _____

Part 1 – Approval of fund-raiser for student organizations / club

Club Name: _____ Sponsor's Name: _____

Purpose of Fund Raiser? _____

How Funds will be spent? _____

I understand and I will comply with Agua Dulce ISD, Student Activity Account Procedures.

Employee Signature _____ Date _____

Approve { } Yes { } No Principal Signature _____

Part 2 – Request for Check from Campus Activity Account

Must have invoice to attach to this form

Activity Account _____ Current Balance _____

Items to be purchased? _____

Purpose _____

Amount of Check Requested \$ _____ Date needed? _____

Check payable to: Vendor: _____

Mailing Address: _____

Street / or PO Box

City State Zip

Employee Signature _____ Date _____

Approve { } Yes { } No Principal Signature _____

Part 3 – To be completed only by Campus Principal or Designee

Check Amount \$ _____ Check Number _____ Date _____

Approved { } Yes { } No Signature of Secretary _____ Date _____

Approved { } Yes { } No Signature of Principal _____ Date _____

Requires two signatures for approval!

O-Principal Cc: Secretary & Sponsor