



Georgetown ISD Fundraiser/Activity Approval Form

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|--------------------------|----------------------|
| <input type="checkbox"/> | Fundraiser |
| <input type="checkbox"/> | Coin collections |
| <input type="checkbox"/> | Money collections |
| <input type="checkbox"/> | Sales of items |
| <input type="checkbox"/> | Donation collections |
| <input type="checkbox"/> | Website donations |

Campus _____ Date _____

Teacher/Sponsor _____ Club Name (if applicable) _____

Purpose of fundraiser/activity _____

Description of product or activity _____

Is this a Taxable Sale? Y__N__ If yes, is this one of your two tax-free days for the year? Y__N__

Fundraiser/Activity location _____ Facility usage request submitted? Y__N__

Targeted customer for product/activity _____

Start and ending date of sale/activity _____ Time of day of sale/activity _____

Vendor name _____ Contact _____ Phone _____

Estimate the following:

Total gross collections/receipts + \$ _____

Cost of goods sold/activity - \$ _____

Net profit = \$ _____

Account code to which funds are to be deposited _____

School districts are not allowed to hold raffles as fundraisers according to Texas Attorney General Opinion JM-1176 (1990)

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/bookkeeper. I will notify the Business Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Sponsor's Name _____

Date _____

Approved/Not Approved _____

Date _____

(circle one)

Principal

Approved/Not Approved _____

Date _____

(circle one)

Department Director (when applicable)

Reviewed by _____

Date _____

Secretary/Bookkeeper

Reviewed by _____

Date _____

Business Office