



MT. DIABLO UNIFIED SCHOOL DISTRICT  
JAMES W. DENT EDUCATION CENTER  
1936 Carlotta Drive  
Concord, CA 94519-1397  
Phone (925) 682-8000

## **ASB Fundraiser Approval Request**

**(attach ASB Student Council Activity Revenue/Expense Statement)**

Name of School: \_\_\_\_\_ Fiscal (School) Year: \_\_\_\_\_

Date this form is completed: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify use of raised funds: \_\_\_\_\_

\_\_\_\_\_

Location of Proposed Activity: \_\_\_\_\_

Recorded in ASB Student Council Minutes on: \_\_\_\_\_

\_\_\_\_\_  
ASB Student Council President: Print, Sign, & Date

\_\_\_\_\_  
ASB Student Council Treasurer: Print, Sign, & Date

\_\_\_\_\_  
ASB Student Council Advisor: Sign & Date

\_\_\_\_\_  
ASB Admin: Sign & Date