Bridgeport Independent School District
Fundraising Activity Approval Form

*This form, along with necessary signatures is required **BEFORE** fundraiser begins*

Campus: _____ Date: _____

Name: _____ Sponsor: _____

Beginning Date of Sale: _____ Ending Date of Sale: _____

Describe the purpose of this sale, including what proceeds will be spent for: _____

Describe the product or activity: _____

Is this sale taxable? Yes _____ No _____

If taxable and eligible, will this be one of your two tax-free days for the calendar year?

Yes _____ No _____

If yes, will this be the 1st or 2nd tax-free day within the calendar year?

1st _____ 2nd _____

Tax Free Days apply only to BISD run fundraisers. A total of two (2) per calendar year for each Campus, or Bona Fide Club. If you have questions please contact Business Department

1. Selling food and/or beverage? Yes _____ No _____ *If yes, complete question #2

2. Are sales taking place between midnight until 30 minutes after school? *If yes, you are submitting for approval of an exempt fundrasier. Please complete question #3

Yes _____ No _____

3. Please circle which day of six (6) this represents for exempt fundraisers at your campus?

1 2 3 4 5 6

Each campus is limited to six (6) school days a year for exempt fundraisers. Exempt fundraisers include food and/or beverages that do not meet the CFNS and are intended to be consumed at school.

_____
Sponsor/Coach Phone Number

Address: _____
Street Address/PO Box Number City State Zip

Have all outstanding debts from previous activities been collected: Yes/No _____

If no, please provide AMOUNT OUTSTANDING from fundraising company $ _____

Please estimate the following:

$	$	
Approximate cost per Item	total estimated profit (NOT PER ITEM / TOTAL PROFIT)	Percentage profit **

***If this IS NOT one of your organization's tax-exempt sales, please consider sales tax when estimating profit martin*

Proposed Vendor for Purchase of Items for Resale: _____

As sponsor, 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 campus office in a sealed deposit bag with suppporting documentation. I further certify, that I have read the BISD Fundraising Policies and Procedures. I will notify the Business Services Department promptly of all outstanding debts so that appropriate action may be taken in a timely manner. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility. I also understand that **I am responsible for completing the Sales Record Form immediately after the event has concluded.**

Submitted by (Sponsor): _____ Date: _____

Approved by (Principal/Director): _____ Date: _____

Approved by Chief Financial Officer : _____ Date: _____