

Fundraising Request Form

Complete and return this form to the Superintendent's Secretary, at least 4 weeks prior to the activity's first proposed date.

Please Note: Your Supervisor must approve and sign the request prior to submitting it to the Superintendent's Secretary. The Superintendent **must approve** this request before any arrangements can be made.

Name of Program/Classroom: _____

Requesters Name: _____ Phone: _____ Email: _____

Program Supervisor Name: _____

Description of Fundraiser: _____

Proposed Date(s): First: _____ Second: _____ Third: _____

Proposed Plan with Details: (Include: Location, times, audience, logistics, etc. Attach extra sheet, if necessary)

Estimated cost to your program/classroom: (List the details of times below)

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Total: _____

Projected Profit: _____ Plans for spending profit: _____

Requester's Signature _____ Date _____

Supervisor's Signature/Date _____ Approved Denied

Superintendent's Signature/Date _____ Approved Denied

For Office Use Only

Date of Event: _____

Actual Profit: _____

Amount Deposited: _____