

FUNDRAISING ACTIVITY APPROVAL FORM

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

Campus: _____ Date: _____

Club 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 _____	<p style="color: red; font-size: small; text-align: center;"><i>Tax Free Days apply only to CISD run Fundraisers. 2 per calendar year for each Campus/Dept., or Bona Fide Club. If you have questions please contact Financial Services 817-949-8257</i></p>
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 _____	

Fundraising Company Name	Representative	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:

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

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

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 secretary for safe keeping. I further certify, that I have read the CISD Fundraising Policies and Procedures. I will notify the Financial 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 Fundraising Recap Form immediately after the event has concluded.**

Account Code to Deposit Funds: _____

Submitted by (sponsor): _____ Date: _____

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

Approved by (Athletic Director if applicable): _____ Date: _____

Approved by (Accountant): _____ Date: _____

Carroll ISD Official Dragon Fundraising Card Issued Date: _____ Expiration Date: _____