



# ROISD FUNDRAISER REQUEST FORM

This form must be completed for ALL fundraisers.



Each organization is limited to **TWO** fundraisers per year; however, the principal can request additional fundraisers if justified. The District shall not permit door-to-door solicitation for students. The District does not permit third party solicitors for any fundraising activities.

Club/Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ One of two (2) free tax days?  YES  NO

Type of account for deposit?  Student Activity  Campus Activity

Student Activity Account # \_\_\_\_\_ Campus Activity Account \_\_\_\_\_

Permission is requested to conduct the following fundraising activity:

\_\_\_\_\_

Description of Event or Product to be sold:

\_\_\_\_\_

Specific purpose(s) for which the net proceeds are to be used:

\_\_\_\_\_

Start Date of Event: \_\_\_\_\_ End Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Vendor Info: \_\_\_\_\_ Phone: \_\_\_\_\_

I am familiar with the School and District policies regarding the sale of merchandise at school and in the community. I accept responsibility for the cash collections and sales tax collection involved. I understand that the designated District Administrator must approve this form prior to the start of the fundraiser; any use of facilities must be reserved through designated campus personnel; and sponsor/coach must remain present at all times.

**Total Expected Sales \$** \_\_\_\_\_

### Organizations Depositing in ACTIVITY ACCOUNTS:

A copy of the fundraising approval must accompany deposit to campus secretary after fundraiser who will forward a copy to the Business Office. Deposits will ONLY be made by the Campus Secretary. All monies must be deposited. No cash expenditures, refunds or reimbursements may be made from the sales. All expenses, refunds or reimbursements must follow the standard requisition procedure.

\_\_\_\_\_  
Club/Organization Representative Signature Date

\_\_\_\_\_  
Campus Administrator Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

District Administrator's Approval: Approved

Not Approved

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Original:** Chief Financial Officer

**Copies:** Campus Administration