MATHIS INDEPENDENT SCHOOL DISTRICT
FUND COLLECTION AUTHORIZATION FORM

O – LG
CC – NM
C – Principal
C – Superintendent
C – Sponsor
C – Other:_____

Event Funds to be collected are which of following? (Please check one)

☐ **Fund Raiser** ☐ **Fees/Dues** ☐ **Community Event** ☐ **Donation**

☐ **Other (Specify):** _____

Ex. Cap & Gowns, field trip funds, t-shirts, etc.

Campus: _____ Club: _____

General Information:

Event Title: _____

A. What type of merchandise or service will be sold or provided?
_____

B. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?
_____

C. Vendor _____ Representative _____
Address _____ Phone _____

D. Event will be conducted from _____ to _____
(Month/Year) (Month/Year)

E. Funds generated will be used for (must provide specific details or purchases(s), travel, etc.)
_____

Projected Sales and Expenses:

Total Projected Sales	**$_____**
Total Projected Expenses	**$_____**
Projected Net Profit	**$_____**

Sponsor Certification:
I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fund-raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ **Date:** _____

Campus Authorization:
( ) Approved ( ) Disapproved Principal: _____ **Date:** _____

Business Office Authorization:
( ) Approved ( ) Disapproved CFO: _____ **Date:** _____

Superintendent Authorization:
( ) Approved ( ) Disapproved Supt/Asst. Supt. _____ **Date:** _____