FUNDRAISING ACTIVITY APPROVAL FORM

TARKINGTON ISD

Authorization to Conduct a Fund Raiser

*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 _____

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 TISD run Fundraisers. 2 per calendar year for each Campus/Dept., or Bona Fide Club. If you have questions please contact the Business Office

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:

$	$	
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 secretary for safe keeping. I further certify, that I have read the TISD Fundraising Policies and Procedures. I will notify the Business Office 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 Business Office: _____ Date: _____