

**Campus/District Fundraising Permission Request**

Organization: \_\_\_\_\_

Campus \_\_\_\_\_

Permission is requested to conduct the following money-raising activity: \_\_\_\_\_

Vendor to be used:

Vendor #

**All vendors must be approved vendors**

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

Tax type: \_\_\_ Taxable

\_\_\_ Non-Taxable

\_\_\_ Tax-Free Sales Day

\_\_\_ Brochure/Catalog Sales

Projected Sales \_\_\_\_\_

Less Cost \_\_\_\_\_

Estimated Profit \_\_\_\_\_

Begin Date: \_\_\_/\_\_\_/\_\_\_

MM/DD/YY

On Campus Yes  No

End Date: \_\_\_/\_\_\_/\_\_\_

MM/DD/YY

Off Campus Yes  No

Time of day (if applicable): \_\_\_\_\_

Location: \_\_\_\_\_

(example: gym, cafeteria)

**Facilities must be reserved through designated campus representative. Please be aware that your group may be charged personnel costs with facility usage.**

This is the 1st \_\_\_ 2nd \_\_\_ or \_\_\_ money-raising activity for this year that I have requested.

I have requested permission to conduct a money-raising activity, and I will be responsible for the accountability of all monies collected. I will submit check requisitions for any expenditures, and will turn in all proceeds to the principal or his/her designee. I will submit a "Profit and Loss Report" within 10 days of completion of this fundraiser.

\_\_\_\_\_  
Please Print Sponsor Name Date

\_\_\_\_\_  
Principal Signature Date

APPROVED

Not Approved