

**** Form must be completed and returned to Bookkeeper for approvals
at least 2 weeks prior to requested event. ****

**ALEXANDER CITY SCHOOLS
FUNDRAISER REQUEST**

School: _____

Date: _____

Staff Sponsor for Activity: _____

Activity Name: _____

Type of Fundraiser: _____

(attach any letters or brochures that will be distributed concerning the Fundraiser)

Selling Price Per Ticket (if applicable):\$ _____ **# Tickets to be Printed:** _____

Inventory to Purchase: _____

Dates of Fundraiser: Beginning _____ ***Ending** _____

**(All money and unsold tickets/inventory must be turned in to the bookkeeper no later than 1 week following the ending date.)*

Purpose/Description Fundraiser *(attach any documents to support request)*

Projected Profit: \$ _____

Activity # _____

Bookkeeper Initials _____

By signing this form, I agree that I will abide by all terms listed in the Alexander City Board of Education Local School Accounting Procedures Policy and will be responsible for the accountability of all tickets or inventory purchased for resell, sold or unsold.

Signature of Sponsor (and Club President if applicable)

Date

Signature of Club President if applicable

Date

Approved _____

Denied _____

Signature of Principal

Date

Approved _____

Denied _____

Signature of Superintendent

Date