Alvord Independent School District
Authorization to Conduct a Fund Raiser Form

General Information:

Campus: _____ Club: _____

Fund Raiser Information:

Fund Raiser 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. Fund raiser will be conducted from _____ to _____

E. Funds generated will be used for _____

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 in the First Financial Bank Activity Fund account in accordance with the district's cash handling procedures.

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

Club Treasurer's Signature _____ **Date: _____**

Principal's Signature _____ **Date: _____**

Authorization:

( ) Approved **Superintendent: _____**

( ) Denied **Date: _____**