

FREER INDEPENDENT SCHOOL DISTRICT  
MONEY RAISING ACTIVITY REQUEST



**PERMISSION REQUEST**

Name of Campus \_\_\_\_\_ ☐ School Wide ☐ School Sponsored Group

I am requesting permission to have the following money-raising activity:

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Date beginning: \_\_\_\_\_ Date Ending: \_\_\_\_\_ Time of the day: \_\_\_\_\_

Estimated Gross Proceeds:  Estimated Net Proceeds:

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

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The following Activity Fund Account(s) will receive the net proceeds:

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**Requestor Information**

This is the ☐1<sup>st</sup> ☐2<sup>nd</sup> ☐3<sup>rd</sup> ☐4<sup>th</sup> ☐5<sup>th</sup> ☐6<sup>th</sup> money raising activity for this semester I requested.

I, \_\_\_\_\_, have requested permission to conduct a money-raising activity, and I will be responsible for the preparation of the fundraiser. I will be responsible for the accountability of all monies collected at the conclusion of the money-raising activity, and I will turn in all records to the principal or finance clerk. I understand that all money collected must be turned in daily or whenever the aggregate amount exceeds one hundred dollars (\$100). None of the money collected may be spent under any circumstances, except through the activity checking account.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sponsor/Person requesting Permission

**AUTHORIZATION**

I, \_\_\_\_\_ ☐recommend and approve ☐do not recommend this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

I, \_\_\_\_\_, as the Superintendent, received recommendation and approval as indicated above from above from director/administrator.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent