

**MAY INDEPENDENT SCHOOL DISTRICT  
FUNDRAISING/SALES ACTIVITY APPLICATION**

*Application must be submitted and approved prior to beginning any fundraising or sales activities.*

Campus: \_\_\_\_\_ Group: \_\_\_\_\_

Fundraiser Title: \_\_\_\_\_

Item(s) being sold: \_\_\_\_\_

How will items be sold? (Catalog sales, prepaid orders, etc.) \_\_\_\_\_

Date(s) of fundraising: Begin \_\_\_\_\_ End \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Purpose for raising funds: \_\_\_\_\_

Projected Sales: \$ \_\_\_\_\_ Projected Expenses \$ \_\_\_\_\_

Projected Profit: \$ \_\_\_\_\_

Is this sale taxable? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will this sale count as one of the two tax-free days? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this your group's first or second tax-free sale to date? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

***I certify that all monies collected will be deposited to the Business Office, in accordance with the District's money handling procedures.***

Student Group Representative Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Status: Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Principal Signature: _____ Date: _____

**MAY INDEPENDENT SCHOOL DISTRICT  
FUNDRAISING SUMMARY**

*Summary form is due to the Principal's office within 4 weeks of ending date of sale/activity.*

TOTAL DEPOSITS \$ \_\_\_\_\_

TOTAL COST OF SALE/ACTIVITY (less) \$ \_\_\_\_\_

NET PROFIT \$ \_\_\_\_\_

QUANTITY OF INVENTORY RECEIVED \_\_\_\_\_

QUANTITY OF INVENTORY SOLD \_\_\_\_\_

QUANTITY OF INVENTORY GIVEN AWAY\* \_\_\_\_\_

QUANTITY OF INVENTORY REMAINING \_\_\_\_\_

\*Explanation for Inventory Given Away: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office Signature

\_\_\_\_\_  
Date

*Original - Campus  
Copies - Sponsor, Business Office*

**MAY INDEPENDENT SCHOOL DISTRICT  
ACKNOWLEDGEMENT OF ACTIVITY ACCOUNT RESPONSIBILITIES OF  
FACULTY SPONSORS OF STUDENT GROUPS**

The purpose for the raising and expending of funds by student groups is for the direct benefit of the students. Fundraising activities will contribute to the educational experience of the students and will not conflict with the instructional program. Funds raised by student groups and organizations will be held by the school as trustee. The faculty sponsor of a student club or group is responsible for maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed by activity accounts.

I hereby acknowledge that I have read the “May Independent School District Activity Account Manual” and that I am responsible for complying with it. In particular, I acknowledge that:

1. All fundraising activities will be approved, in advance, by the principal and/or the Superintendent’s designee using the May Independent School District Fundraising/Sales Activity Application form.
2. I am responsible both for safeguarding and accounting for funds received from or on behalf of students.
3. Student activity money will be turned in to the office daily in the same form in which it was received. Monies will not be kept overnight in a desk or file cabinet, nor will they be taken home.
4. Upon the completion of each fundraiser, the Fundraising Summary will be completed and submitted to the principal and the Business Office.
5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal using the Requisition/Purchase Order system.
6. I will maintain a positive balance in my organization’s activity account.

I understand that I will be held responsible for any student activity funds entrusted to me and that I will reimburse the student organization for any money which is lost due to carelessness, theft, fraud, or failure to follow established procedures.

\_\_\_\_\_  
Sponsor Name

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Student Club/Organization

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Campus Name

\_\_\_\_\_  
Date