

FRANKSTON ISD



REQUEST FOR FUNDRAISER APPROVAL



*NOTE: All fundraiser forms must be turned in **By September 6, 2022**

Activity, Group, or Club Making Request	
Campus:	
Employee of Sponsor Responsible for Fundraiser Records:	
Date Fundraiser Will Begin:	
Date Fundraiser Will End:	
Brief Description of Fundraiser (mandatory): 	
Vendor Company Providing Products: _____	
Address: _____ City, State, Zip _____	
Phone: _____ Representative: _____	
Date Fundraiser Products Are to Be Delivered: _____	
Last Date for Students to Turn in Collected Funds/or Products: _____	
Deadline Date for All Funds to be Deposited: _____	

I certify that I will exercise strict control over all products in my possession and will remit all collections daily to the campus secretary. I will notify the Business Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Employee/Sponsor Date: _____

Principal Date: _____

Business Office Date: _____