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| FRANKSTON ISD  **REQUEST FOR FUNDRAISER APPROVAL**  \*Note: All fundraiser forms must be turned in **By September 2, 2025** | | |
| 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.

Date: Employee/Sponsor

Date: Principal

Date: Business Office