



MATHIS INDEPENDENT SCHOOL DISTRICT FUND RAISER AUTHORIZATION TO CONDUCT A FUNDRAISER

O – gs
Cc – VC
Principal
Superintendent
Sponsor
Other: _____

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 _____
(Month/Year) (Month/Year)

E. Funds generated will be used for (must provide specific details or purchases(s), travel, etc.) _____

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 to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

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

Campus Authorization:

() Approved **Principal:** _____

() Disapproved **Date:** _____

Business Office Authorization:

() Approved **Finance Officer:** _____

() Disapproved **Date:** _____