



# 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: \_\_\_\_\_