



# FRANKSTON ISD

## REQUEST FOR FUNDRAISER APPROVAL



\*Note: All fundraiser forms must be turned in **By September 3, 2021**

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 person responsibility.

\_\_\_\_\_  
Employee/Sponsor Date: \_\_\_\_\_

\_\_\_\_\_  
Principal Date: \_\_\_\_\_

\_\_\_\_\_  
Business Office Date: \_\_\_\_\_



## FUNDRAISING PROFIT/LOSS WORKSHEET

Please complete this report concerning the results of your fundraising project and return to the business office within 5 days of completion.

Sponsor \_\_\_\_\_ Activity/Club: \_\_\_\_\_

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

Quoted Profit from Vendor: \_\_\_\_\_ % or \$

Total Money Collected:                    \$ \_\_\_\_\_

Less: Funds not yet Collected       - \$ \_\_\_\_\_

Less: Total Invoices from Vendor: - \$ \_\_\_\_\_

Net Profit                                        = \$ \_\_\_\_\_

Were cash receipts completed for all money collected? Y or N \_\_\_\_\_

Please attach fundraising sheets or collection reports.

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_