

**\*\* Form must be completed and returned to Bookkeeper for approvals at least 2 weeks prior to requested event. \*\***

**ALEXANDER CITY SCHOOLS  
FUNDRAISER REQUEST**

**School:** \_\_\_\_\_

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

**Staff Sponsor for Activity:** \_\_\_\_\_

**Activity Name:** \_\_\_\_\_

**Type of Fundraiser:** \_\_\_\_\_

**Selling Price Per Ticket (if applicable):**\$ \_\_\_\_\_ **# Tickets to be Printed:** \_\_\_\_\_

**Inventory to Purchase:** \_\_\_\_\_

**Dates of Fundraiser: Beginning** \_\_\_\_\_ **\*Ending** \_\_\_\_\_

*\*(All money and unsold tickets/inventory must be turned in to the bookkeeper no later than 1 week following the ending date.)*

**Purpose/Description Fundraiser** *(attach any documents to support request)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Projected Profit: \$** \_\_\_\_\_

**Activity #** \_\_\_\_\_

**Bookkeeper Initials** \_\_\_\_\_

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**By signing this form, I agree that I will abide by all terms listed in the Alexander City Board of Education Local School Accounting Procedures Policy and will be responsible for the accountability of all tickets or inventory purchased for resell, sold or unsold.**

\_\_\_\_\_  
**Signature of Sponsor**

\_\_\_\_\_  
**Date**

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal**

\_\_\_\_\_  
**Date**

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Superintendent**

\_\_\_\_\_  
**Date**