

**Alvord Independent School District  
Authorization to Conduct a Fund Raiser Form**

**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 \_\_\_\_\_
- E. Funds generated will be used for \_\_\_\_\_

**Projected Sales and Expenses:**

<b>Total Projected Sales</b>	\$ _____
<b>Total Projected Expenses</b>	\$ _____
<b>Projected Net Profit</b>	\$ _____

**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 in the Legend Bank Activity Fund account in accordance with the district's cash handling procedures.

**Sponsor's Signature:** \_\_\_\_\_

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

**Club Treasurer's Signature** \_\_\_\_\_

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

**Principal's Signature** \_\_\_\_\_

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

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**Authorization:**

( ) **Approved**

**Superintendent:** \_\_\_\_\_

( ) **Denied**

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