

**CARROLL ISD
FUNDRAISING ACTIVITY APPROVAL FORM
2011/2012 SCHOOL YEAR**

This form, with necessary signatures is required before fundraiser commences.

Campus _____ Date _____

Club Name _____ Sponsor _____

Beginning date of sale _____ Ending date of sale _____

Describe the purpose of this sale, including what the proceeds will be spent for _____

Describe the product or activity _____

Vendor _____ Representative _____

Company Name

Phone Number

Address _____

Street Address/P.O. Box Number

City

State

Zip

If purchasing items for resale, please provide the name of the vendor items are being purchased from (please note that all items must be purchased from a CISD Approved Vendor): _____

Have all outstanding debts from previous activities been collected? Yes

\$ _____
Amt. Outstanding

No

Estimate the following:

Approximate cost per item \$ _____

Estimated profit \$ _____

Percentage profit _____

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary for safe keeping. I further certify that I have read the CISD Fundraising Policies and Procedures. I will notify the Financial Services Office promptly of all outstanding debts so that appropriate action may be taken in a timely manner. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____
Sponsor Date

Approved by _____
Principal/Director Date

Approved by _____
Athletic Director (if applicable) Date

Approved by _____
Purchasing Administrator Date