



Santo ISD

Authorization to Conduct a Fundraiser

Campus _____ Organization _____

Fundraiser Information

Fundraiser Title/Type _____

A. What type of merchandise or service will be sold or provided? _____

B. How it be sold or provided (i.e. catalog sales, individual sales to students on campus, prepaid orders, etc.) _____

C. Vendor _____ Representative _____

Address _____ Phone _____

D. Fundraiser dates from _____ to _____
(month/year) (month/year)

E. Funds generated will be used for _____

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 fundraising activity. In addition, I certify that all monies collected will be deposited directly into the activity fund in accordance with the district's cash handling procedures.

Sponsor _____ Date _____

Authorization

() Approved

() Denied

Principal _____

Date: _____