**FUNDRAISING APPROVAL FORM**

(Please submit at least **two weeks** prior to the fundraising activity)

Date Submitted Sponsor

Group/Organization

Fundraising activity for which you are seeking approval

The activity will take place between (dates) and

Approximately how many students will be involved in this activity

Vendor name used for Fundraising

Please explain how students will market/sell this product or solicit donation

The money generated by this fundraising activity will be used to (explain)

Building Principal/AD Date\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

After approval from Building Principal/AD return to the District Office.

Accounts Payable/District Office Date\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

The fundraiser is not approved for the following reasons: