

REQUEST TO CONDUCT LOCAL SCHOOL FUND RAISER

(Complete Part A for Superintendent's Approval or Disapproval)

PART A

DATE _____

School _____

Club or Organization _____

Sponsor _____

Number of Teachers Involved _____

Number of Students Involved _____

Beginning Date of Project _____

Vendor's Name and Address _____

Vendor Representative _____

Telephone Number of Vendor _____

Product to be Sold _____

Will this Project be Computerized? _____

How Will the Profit from this Project be Used? _____

Approved _____

Disapproved _____

Principal's Signature

Superintendent's Signature

PART B

To be completed and returned to the Central Office at the end of the Project.

Gross Sale Receipt _____

Net Sale Receipt _____

Sponsor _____

Principal _____

Date _____