

School: <a href="#">Click here to enter text.</a>		PTA/PTO Legal (Registered) Name: <a href="#">Click here to enter text.</a>	
Local District: <a href="#">Click here to enter text.</a>		Date: <a href="#">Click here to enter a date</a>	PTA/PTO Telephone: <a href="#">Click here to enter text.</a>
Please check type of request (1 through 5):			
1.	<input type="checkbox"/>	<b><i>Request to hold a fundraising activity</i></b>	
Sponsor:	ASB (student body)* <input type="checkbox"/> PTA/PTO** <input type="checkbox"/> Cooperative (ASB & PTA/PTO)*** <input type="checkbox"/>		
* 100% of proceeds must go to ASB                                  **100% of proceeds can go to PTA/PTO ***Proceeds must be split between ASB and PTA/PTO (% determined by principal prior to event)			
Distribution of Proceeds:	ASB Share <a href="#">Click here to enter text.</a> %                  PTA/PTO Share <a href="#">Click here to enter text.</a> %		
Purpose of Fundraiser:	<a href="#">Click here to enter text.</a>		
Description of Fundraiser:	<a href="#">Click here to enter text.</a>		
<b><i>Details of Fundraising Activity:</i></b>			
Begin Date: <a href="#">Click here to enter a date.</a>		End Date: <a href="#">Click here to enter a date.</a> (Fundraising activities should not exceed 3 consecutive weeks)	
Time of Day: <a href="#">Click here to enter text.</a> (Fundraising activities cannot occur during instructional time)		On Campus:    Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Location: <a href="#">Click here to enter text.</a>	
If “On-Campus”, is any third party vendor/business involved?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name of vendor/business and description of services provided: <a href="#">Click here to enter text.</a>			
Sources of Revenue: (i.e catalog name, games, concessions, entertainment, items sold) <a href="#">Click here to enter text.</a>			
Notes: Elementary schools do not have Retail Sales Permits. Vendor must pay sales tax for fundraisers with taxable items. If tickets are used, please complete form 63.E.61 Perpetual Inventory of Tickets & either a House Council Form (63.E.65) or Cash Admission Report Form (63.E.63)			
2.	<input type="checkbox"/>	<b><i>Request for Expenditure</i></b>	
Vendor/Contractor*: <a href="#">Click here to enter text.</a>		Amount: \$ <a href="#">Click here to enter text.</a>	
Description: <a href="#">Click here to enter text.</a>			
*If services are provided, a W9 must be completed and submitted with Request for Authorization. Risk Mgt approval may also be required for insurance purposes.			
3.	<input type="checkbox"/>	<b><i>Receive a Cash or Non-monetary Donation</i></b>	
Donor/Vendor: <a href="#">Click here to enter text.</a>		Amount: \$ <a href="#">Click here to enter text.</a>	
Item: <a href="#">Click here to enter text.</a>	Make: <a href="#">Click here to enter text.</a>	Model: <a href="#">Click here to enter text.</a>	Serial # <a href="#">Click here to enter text.</a>
Purpose: <a href="#">Click here to enter text.</a>			
4.	<input type="checkbox"/>	<b><i>Transfer or Dispose of Student Body Owned Equipment</i></b>	
Recipient:	<a href="#">Click here to enter text.</a>		Value: \$ <a href="#">Click here to enter text.</a>
Equipment Description: <a href="#">Click here to enter text.</a>			
Note: If approved, equipment should be removed from ASB Inventory list.			
5.	<input type="checkbox"/>	<b><i>Other</i></b>	
Description: <a href="#">Click here to enter text.</a>			
Signature of Principal _____		Date _____	
Signature of President, Local PTA/PTO: _____		Date: _____	
After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.			
SBFS Approval – ASB Event/Activity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Comments: <a href="#">Click here to enter text.</a>			
PTA/PTO Registration Status Current/Registered with State DOJ?: <input type="checkbox"/> Yes    No <input type="checkbox"/> Date Checked: _____			
SBFS Approval – PTA/PTO Event/Activity: <input type="checkbox"/> Approved as to Process    Not Approved <input type="checkbox"/> Comments: _____			
Coordinating Financial Manager Signature: _____		Date: _____	
If “On-Campus” and shared with PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10th or 31 <sup>st</sup> PTA who will sign and then return back to SBFS. For ASB or cooperative, if “On-Campus” & Third Party Vendor/Business is involved, SBFS will forward to Risk Mgt for approval. For ASB, if Off-Campus, SBFS will forward to Risk Mgt. for approval.			