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| --- | --- |
| School:Click here to enter text. | PTA/PTO Legal (Registered) Name:Click here to enter text. |
| Local District:Click here to enter text. | Date: Click here to enter a date. | PTA/PTO Telephone:Click here to enter text. |
| Please check type of request (1 through 5): |
| ***1.***  |[ ]  ***Request to hold a fundraising activity*** |
| ***Sponsor:*** | ASB (student body)\* [ ]  PTA/PTO\*\* [ ]  Cooperative (ASB & PTA/PTO)\*\*\* [ ]  |
| \* 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 Click here to enter text. % PTA/PTO Share Click here to enter text. % |
| ***Purpose of Fundraiser:*** | Click here to enter text. |
| ***Description of Fundraiser:*** | Click here to enter text. |
| ***Details of Fundraising Activity***: |
| Begin Date: Click here to enter a date. End Date:Click here to enter a date.(Fundraising activities should not exceed 3 consecutive weeks)Time of Day: Click here to enter text.(Fundraising activities cannot occur during instructional time) | On Campus: Yes [ ]  No [ ] Specific Location: Click here to enter text. |
| If “On-Campus”, is any third party vendor/business involved? Yes [ ]  No [ ] If yes, please provide name of vendor/business and description of services provided:Click here to enter text. |
| Sources of Revenue:(i.e catalog name, games, concessions, entertainment, items sold) Click here to enter text. |
| 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.*** |[ ]  ***Request for Expenditure*** |
| Vendor/Contractor\*:Click here to enter text. | Amount: $Click here to enter text. |
| Description: Click here to enter text.\*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.*** |[ ]  ***Receive a Cash or Non-monetary Donation*** |
| Donor/Vendor: Click here to enter text. | Amount: $Click here to enter text. |
| Item:Click here to enter text. | Make:Click here to enter text. | Model:Click here to enter text. | Serial #Click here to enter text. |
| Purpose:Click here to enter text. |
| ***4.*** |[ ]  ***Transfer or Dispose of Student Body Owned Equipment*** |
| Recipient: | Click here to enter text. | Value: $Click here to enter text. |
| Equipment Description: Click here to enter text.Note: If approved, equipment should be removed from ASB Inventory list. |
| ***5****.* |[ ]  ***Other*** |
| Description: Click here to enter text. |
| Signature of Principal Date 10th/31st PTA DateSignature 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**: [ ]  Approved [ ]  Not Approved [ ]  Comments: Click here to enter text.**PTA/PTO Registration Status Current/Registered with State DOJ?**: [ ]  Yes No [ ]  Date Checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SBFS Approval – PTA/PTO Event/Activity**: [ ]  Approved as to Process Not Approved [ ]  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 31st 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.  |