

Exempt Request:

## Sylacauga City Schools Fund Raiser Authorization Form

Section A

Today's Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Event: \_\_\_\_\_

Club/Class: \_\_\_\_\_

Start Date of Event: \_\_\_\_\_

End Date of Event: \_\_\_\_\_

Cost per Item: \_\_\_\_\_

Sales Price per Item: \_\_\_\_\_

Estimated Revenue: \_\_\_\_\_

Estimated Profit: \_\_\_\_\_

Description of fund raising activity including name of company supplying items for sale, items being sold, fund raiser expenses and method of sales/collections:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proceeds will be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_ Principal

Date: \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_ Chairman of School Wellness Committee (Exempt Only)

Date: \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_ Director of CNP/Wellness (Food Only)

Date: \_\_\_\_\_

Approved

Disapproved

\_\_\_\_\_ Superintendent

Date: \_\_\_\_\_

Purchase order # for approved fund raisers if applicable: \_\_\_\_\_

Section B

To be completed upon completion of fund raising activity:

Actual Revenue: \$ \_\_\_\_\_

Acknowledgements: (initials)

\_\_\_\_\_ Bookkeeper

Actual Expenses: \$ \_\_\_\_\_

\_\_\_\_\_ Teacher/Sponsor

Actual Profit: \$ \_\_\_\_\_

\_\_\_\_\_ Principal

This form is to be submitted by the teacher(s) sponsoring the fund raising activity. The Principal and Superintendent must approve ALL fund raisers conducted in the school's name. This includes any occurring on or off campus. Sponsoring teacher(s) are responsible for ensuring that all products and funds are accounted for appropriately. Funds collected must be remitted to the school bookkeeper for deposit in a timely manner.

This form and support documentation is to be retained by the school office and Section B must be completed. Material discrepancies in projected and actual profit must be explained in writing and attached.