

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 _____ Date: _____
 Disapproved _____ Principal

Approved _____ Date: _____
 Disapproved _____ Chairman of School Wellness Committee (Exempt Only)

Approved _____ Date: _____
 Disapproved _____ Director of CNP/Wellness (Food Only)

Approved _____ Date: _____
 Disapproved _____ Executive Director of Supporting Programs

Approved _____ Date: _____
 Disapproved _____ Superintendent

Purchase order # for approved fund raisers if applicable: _____

Section B

To be completed upon completion of fund raising activity:

Actual Revenue:	\$ _____	<u>Acknowledgements:</u> _____	(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.