

**Solvay Union Free School District**  
**APPROVAL FOR IN-SCHOOL/COMMUNITY FUNDRAISING PROJECTS**

**DESCRIPTION OF ACTIVITY**

Sponsoring Group \_\_\_\_\_

Faculty Advisor/Person Responsible \_\_\_\_\_ Phone \_\_\_\_\_

Student Treasurer \_\_\_\_\_

Description of Activity \_\_\_\_\_

Description of Sale Items \_\_\_\_\_

Date Range of Fundraiser \_\_\_\_\_

The above group is requesting permission to conduct the above activity in compliance with the extraclassroom activity procedures, regulations and policies of the Solvay School District. All receipts and disbursement of funds will be made in accordance with the Solvay School District procedures, regulations and policies.

		<u>Projected (prior)</u>	<u>Actual (after)*</u>
<b>Expenses</b>	1.	\$	\$
	2.	\$	\$
	3.	\$	\$
	4.	\$	\$
	5.	\$	\$
<b>Receipts</b>	1.	\$	\$
	2.	\$	\$
	3.	\$	\$
<b>Profit (Receipts minus expenses)</b>		\$	\$

\_\_\_\_\_  
 Faculty Advisor/Person Responsible Signature                      Student Treasurer Signature                      Date

Approved:                       Denied:

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:                       Denied:

\*\*Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Superintendent's signature required for community fundraising.

- \*After the activity/sale:**
1. record the actual expenses, receipts and profit
  2. record on the back of this form the names of students who have not turned in money and the amount
  3. give a copy of this form to the Central Treasurer.