

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 extra-classroom 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>
Expenses	1. _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
	4. _____	\$ _____	\$ _____
	5. _____	\$ _____	\$ _____
Receipts	1. _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
Profit (Receipts minus expenses)		\$ _____	\$ _____

 Faculty Advisor/Person Responsible Signature Student Treasurer Signature Date

Approved: Denied:

Principal's Signature: _____ Date: _____

Approved: Denied:

Assistant Superintendent of Business Signature: _____ Date: _____

**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.