

FUNDRAISER AUTHORIZATION

SCHOOL	NAME OF ACCOUNT/ORG
TYPE OF FUNDRAISER	OUTSIDE BUSINESS INVOLVED
	Attach written agreement notating division of profit and quote of item price
DATE ACTIVITY BEGINS	DATE ACTIVITY ENDS
EXPECTED STUDENT INVOLVEMENT	METHOD BY WHICH SCHOOL WILL RECEIVE PROFIT
School-wide: every student will sell Specific organization/club specify:	Profit collected/remitted by outside vendor School Collects
CURRENT BALANCE OF ACCT	APPROXIMATE % OF PROFIT
AUTHORIZED PURPOSE (Be specific):	Meets Smart Snacks Requirements
	Choose One: YES NO

As sponsor of this organization, my signature below indicates my approval of this project and my agreement to be responsible for the procurement of the products and the security of any funds raised from this project.

REQUESTED BY _____ DATE _____
Sponsor/Title

APPROVED _____ <i>Bookkeeper</i>	DATE _____
APPROVED _____ <i>Principal</i>	DATE _____
APPROVED _____ <i>Director of Instruction</i>	DATE _____
APPROVED _____ <i>Director of Schools</i>	DATE _____

PURCHASE ORDER #: _____