

Request for Authorization – Secondary Schools, DACE Schools, PTA/PTO Secondary

The Student Body of: ULYSSES S GRANT HIGH SCHOOL		PTA/PTO (if applicable): Click here to enter text.	
Please check type of request (1 through 5):		Date: Click here to enter a date.	Telephone: 818-785-7802
1.	<input type="checkbox"/>	Request to hold a fundraising activity	
Sponsor:	ASB (student body)* <input type="checkbox"/>	Club** <input type="checkbox"/>	PTA/PTO*** <input type="checkbox"/> Cooperative (ASB & PTA/PTO)**** <input type="checkbox"/>
* 100% of proceeds must go to ASB **Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB ***100% of proceeds can go to PTA/PTO ****Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event)			
Distribution of Proceeds:	ASB Share Click here to enter text. %	Club Share Click here to enter text. %	PTA/PTO Share Click here to enter
Purpose of Fundraiser:	Click here to enter text.		
Description of Fundraiser:	Click here to enter text.		
Details of Fundraising Activity:			
Begin Date: Click here to enter a date.		End Date: Click here to enter a date.	
(Fundraising activities should not exceed 3 consecutive weeks)		On Campus: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time of Day: Click here to enter text.		Specific Location: Click here to enter text.	
(Fundraising activities cannot occur during instructional time)			
If "On-Campus", is any third party vendor/business involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide name of vendor/business and description of services provided: Click here to enter text.			
2.	<input type="checkbox"/>	Request for Expenditure This expenditure is in the ASB Budget: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vendor/Contractor/Employee*: Click here to enter text.		Amount: \$ Click here to enter text.	
Description: Click here to enter text.			
*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed.			
3.	<input type="checkbox"/>	Receive a Cash or Non-monetary Donation	
Donor/Vendor: Click here to enter text.		Amount: \$ Click here to enter	
Item: Click here to enter text.	Make: Click here to enter text.	Model: Click here to enter text.	Serial #: Click here to enter text.
Purpose: Click here to enter text.			
4.	<input type="checkbox"/>	Transfer or Dispose of Student Body Owned Equipment/Inventory	
Recipient: Click here to enter text.			Value: \$ Click here to enter text.
Equipment/Inventory Description: Click here to enter text.			
Note: If approved, item(s) should be removed from ASB Inventory.			
5.	<input type="checkbox"/>	Other	
Description: Click here to enter text.			
Approved in Student Body Council Meeting of Click here to enter a date.		Minutes are attached to this Request.	
_____ Signature of Principal (Required)		_____ Signature of ASB Treasurer (Required for Secondary)	
_____ Date		_____ Date	
_____ Signature of Financial Manager (Required)		_____ Date:	
_____ Signature of President, Local PTA/PTO (if involved):		_____ 10 th /31 st District PTA Date: _____	
After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.			
Student Body Finance Section (SBFS): <input type="checkbox"/> Approved Not Approved <input type="checkbox"/> Comments: Click here to enter text.			
CFM Signature: _____		Date: _____	
Other Approvals (if applicable): M&O: _____ OEHS: _____			
If "On-Campus" and solely sponsored by PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10 th or 31 st PTA who will sign and then return back to SBFS.			
For ASB sponsored or cooperative, if "On-Campus" and Third Party Vendor/Business is involved, school must check with Risk Management to confirm that additional approvals are not required.			