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**
	Circle 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 _____ **DATE** _____
Bookkeeper

APPROVED _____ **DATE** _____
Principal

APPROVED _____ **DATE** _____
Director of Instruction

APPROVED _____ **DATE** _____
Director of Schools

PURCHASE ORDER #: _____