Lexington Independent School District
APPLICATION/FINAL REPORT FOR FUND RAISING ACTIVITY

CAMPUS _____

CLUB: _____ **SPONSOR:** _____

Tax Free Sales Day: □ Yes □ No Date Requested: 1st Choice _____

2nd Choice _____

If yes, 1st or 2nd Tax Free Day?_____

Type of Activity	Source of Merchandise	Purpose of Funds	Goal ($)

Fundraiser Number _____

□ APPROVED □ NOT APPROVED

Date Scheduled: _____

Principal's Signature Date Bookkeeper's Signature Date

FINAL REPORT

DEPOSITS			EXPENSES			
DATE	RECEIPT #	AMOUNT	DATE	CHECK #	PAID TO	AMOUNT
	TOTAL	0				$ -

NET PROFIT (Total of deposit - expenses):__ $ -

Principal's Signature Date

Sponsor's Signature Date Bookkeeper's Signature Date