



The High School for Health Professions & Human Services



ROBERT A. GENTILE, PRINCIPAL

345 East 15th Street

New York, NY 10003

Telephone: (212)780-9175 Fax: (212)979-7261

School Website: hphsnyc.org

AUTHORIZATION TO COLLECT GENERAL SCHOOL FUNDS FOR SCHOOL YEAR _____

I have designated _____ to take charge and have the responsibility for the
Staff Member / Advisor

_____ on _____ @ _____ and to collect from
Name of Activity Date Time

the students monies related to this activity in accordance with the following schedule:

A. Calculation of Anticipated Gross Income:

Description	Anticipated # of Units	Unit Selling Price	Anticipated Sales
		@ \$	= \$
		@ \$	= \$
		@ \$	= \$
		@ \$	= \$
		@ \$	= \$
		@ \$	= \$
		@ \$	= \$

B. **Anticipated Gross Sales:** \$ _____

C. Fund Raising Purpose:

Below, please indicate the purpose of raising funds:

D. Terms and Conditions:

The person designated will perform the following:

1. Obtain approval for fund raising activity from COSA prior to beginning activity.
2. Obtain approval for fund raising activity from Principal prior to beginning activity.
3. Submit completed form to COSA prior to collecting monies
4. Turn in money collected to the school treasurer for deposit on a timely basis. No deduction for expenses should be made from this amount.
5. Keep all necessary records.
6. Render a full accounting of funds to the school treasre at the end of the specific activity or at the end of the term/period, whichever is applicable.
7. Compare the Anticipated Gross Sales and Raised amounts. An explanation should be provided if the discrepancy is greater than zero.

E. I accept the terms and condition

Signature of Advisor/Coach

Date

Signature of COSA

Date

Signature of Assistant Principal

Date

Approved by: Principal

Date