## **Fundraising Permission Request**

Please submit to the Bookkeeper/Secretary for approval at <u>least two weeks</u> before the fundraising activity.

Campus:				
Club Name:				
Sponsor:				
Approved Fundraisi	ng Vendor Name a	nd/or store(s) you will utilize t	o purchase from:	
Permission is reque	sted to conduct the	e following fundraising activity	(i.e., candy sale, car wash	ı, etc.)
Specific Purpose(s)	for which the net p	proceeds are to be used:		
the start of thefundrais ends. YOU MUST BE S this fundraiser will con	ser. No food sales SPECIFIC IN IDEN aply of this TDA r	s may take place on the camp NTFYING THE TIME OF DA requirement.	ous from midnight until th Y IN WHICH FUNDRA	ed by the CNS Director prior to nirty minutes AFTER the school day ISERS WILL OCCUR to ensure that
		Time of Day:	<u>P.M.</u>	
Location(s): Estimated Revenue:		Revenue Budget Code:_		
Less Estimated Expenses	*: <b>\$</b>	Expenditure Budget Co	de:	
		make this purchase? Yes ounts when the recap is recor		
Sales Tax Information:				
<ul> <li>2. If yes to #1, will this eve</li> <li>3. If yes to #2, are you usin Organization's Tax-Free Will this be the school's</li> <li>4. If yes to #1 and you are</li> <li>5. 5 If ISD is liable for col As the sponsor of this full</li> </ul>	ent count as a "one ng the one of your date(s):/organization's 1 <sup>st</sup> not using a tax-fre lection of tax, all s undraiser,	or 2 <sup>nd</sup> tax-free sale day for the day, who collects the tax?	☐Yes ☐No n's tax-free day(s)? circle of calendar year (Jan-Dec)? ☐ ISD ☐ Vendor ales tax included". Tax ra	one: My Campus's My  ate is 8.25% of the sales price.
Sponsor's Name:		Signature:	1	Date:
Approved ☐ Denied	Athletic Directo	r (if applicable):		Date:
Approved □ Denied	Secretary/Book	keeper:		Date:
Approved $\square$ Denied	Principal Signati	ure:		Date:
Approved $\square$ Denied	CNS Signature:_			Date:
Approved $\square$ Denied	Business Service	es Signature:		Date:
For Budget Dept. Use Only				