



SHERMAN ISD FUNDRAISING ACTIVITY APPROVAL FORM

*This form, along with necessary signatures is required **BEFORE** fundraiser begins*

Campus: _____ Date: _____

Club Name: _____ Sponsor: _____

Beginning Date of Sale: _____ Ending Date of Sale: _____

Describe the purpose of this sale, including what proceeds will be spent for: _____

Describe the product or activity: _____

Is this sale taxable? Yes _____ No _____

If taxable and eligible, will this be one of your two tax-free days for the calendar year (January – December)?

Yes _____ No _____

If yes, will this be the 1st or 2nd tax-free day within the calendar year?

1st _____ 2nd _____

Tax-free days apply only to SISD run fundraisers. Two per calendar year (January – December) for each campus/department, or bona fide club. For further questions, please contact the campus bookkeeper.

Fundraising Company Name _____ Representative _____ Phone Number _____

Address: _____
Street Address/PO Box Number _____ City _____ State _____ Zip _____

Have all outstanding debts from previous activities been collected: Yes/No _____

If no, please provide AMOUNT OUTSTANDING from fundraising company \$ _____

Please estimate the following:

\$ _____	\$ _____	_____
Approximate cost per Item	Total estimated profit <i>(NOT PER ITEM / TOTAL PROFIT)</i>	Percentage profit **

***If this IS NOT one of your organization's tax-exempt sales, please consider sales tax when estimating total sale price of item and profit margin.*

Proposed vendor for purchase of Items for resale: _____

As sponsor, I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the bookkeeper for safe keeping. I further certify, that I have read the SISD Fundraising Policies and Procedures. I will notify the bookkeeper promptly of all outstanding debts so that appropriate action may be taken in a timely manner. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility. I also understand that **I am responsible for completing the Fundraising Recap Form immediately after the event has concluded and will submit the form to the bookkeeper.**

Account Code to Deposit Funds(Bookkeeper use only): _____

Submitted by (sponsor): _____ Date: _____

Approved by (Principal/Director): _____ Date: _____

Approved by Bookkeeper: _____ Date: _____
(Sales Tax & Item Amount)

Bookkeeper: Please email a copy of this form to the Activity Fund Accounting Specialist in the Business & Finance Services department after all approvals.