

**Brownwood Independent School District  
Authorization to Conduct a Fund Raiser Form**

**General Information:**

Campus: \_\_\_\_\_

Club: \_\_\_\_\_

**Fund Raiser Information:**

Fund Raiser Title: \_\_\_\_\_

A. What type of merchandise or service will be sold or provided?

\_\_\_\_\_

B. Will food be sold that will be consumed during school hours? ( )Yes ( )No  
If so, is the item(s) listed on the preapproved food list? ( )Yes ( )No

C. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?

\_\_\_\_\_

D. Vendor \_\_\_\_\_ Representative \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

E. Fund raiser will be conducted from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

F. Funds generated will be used for \_\_\_\_\_

**Projected Sales and Expenses:**

<b>Total Projected Sales</b>	<b>\$</b> _____
<b>Total Projected Expenses</b>	<b>\$</b> _____
<b>Projected Net Profit</b>	<b>\$</b> _____

**Sponsor Certification:**

I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fund raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

**Sponsor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization:**

( ) **Approved** **Principal:** \_\_\_\_\_

( ) **Disapproved** **Date:** \_\_\_\_\_

**Board Approval Date:** \_\_\_\_\_