

**Columbus Municipal School District
FUND RAISING ACTIVITIES REQUEST FORM**

The Board of Trustees of the Columbus Municipal School District does not encourage the conducting of fund-raising projects by schools. The administration strongly discourages students or members of student organizations from seeking donations door-to-door or calling upon businesses in a repeated manner during a given school year. All fund-raising activities must be approved through the school principal and then approved by the Superintendent (or his/her designee). All fund-raising activities should fully disclose the percentage of sale that will be paid to the school.

School Name: _____ Date Submitted: _____

Purpose of Fundraiser: _____

Date of Fundraiser: _____

School employee(s) responsible for fundraiser: _____

Secretary of State Certificate of Exemption File Number: _____

Description of products/services to be sold (a company brochure must be attached):

Description of all activity to be used to sell product/services (students go door-to-door, telephone solicitations, adults only, etc.):

Name of Vendor Company: _____

Name of Vendor Representative: _____

Address of Vendor: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Amount paid to Vendor: \$ _____ Percentage of profit to school: _____ percent

Current Fund Balance of Organization: \$ _____

If purchasing products from a vendor, when will the school receive an invoice relative to the sale of the products?

From what funds will the products be purchased: _____

If school funds, provide actual account code: _____

Signature of Teacher/Sponsor/Employee

Date

Approval Signature of Principal

Date

Approval Signature of Superintendent

Date

Note to Teachers/Principals: Please attach (a) copy of the company's sale brochure, (b) a copy of the purchase order for the stock item purchased (if appropriate), and © a copy of the unsigned contract with the company stating the percentage of profit the school will earn.



Columbus Municipal School District



Report on Fund Raising Project

All information below is required.

Submit to Deputy Supt. within 10 calendar days AFTER fundraiser has ended.

Name of Sponsoring Organization: _____

Name of Club Sponsor/President: _____

Type of Fund Raising Project: _____

Starting Date: _____ Ending Date: _____

Date of Board Approval _____

Use of Profit: _____

Secretary of State Certificate of Exemption Number _____

EXPENSES:

VENDOR	CHECK#	AMOUNT
_____	_____	_____
_____	_____	_____

Total Expenses \$ _____

Total Money Taken In \$ _____

Total Profit \$ _____

Club Account Balance After Fund Raiser: \$ _____

By: _____

Club Sponsor/President

Date: _____

By: _____

Principal

Date: _____