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 (c) 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:

<table>
<thead>
<tr>
<th>VENDOR</th>
<th>CHECK#</th>
<th>AMOUNT</th>
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<td>__________________________</td>
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Total Expenses $________________

Total Money Taken In $____________

Total Profit $________________

Club Account Balance After Fund Raiser: $________________

By: ____________________________ Date: __________________
   Club Sponsor/President

By: ____________________________ Date: __________________
   Principal