



**West Orange-Cove Consolidated Independent School District
Authorization to Conduct a Fund Raiser Form**

Campus: _____ Sponsor Group: _____

Fund Raiser Title: _____

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

B. Fund raiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

C. Funds generated will be used for _____

Projected Sales and Expenses:

Total Projected Sales	\$ _____
Total Projected Expenses	\$ _____
Projected Net Profit	\$ _____

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**

() **Disapproved**

Principal: _____

Finance: _____

Superintendent: _____

Date: _____