

See the following pages for forms relating to Gifts and Solicitations:

Exhibit A: Fundraising Request Form—1 page

Exhibit B: Fundraising Recap Form—1 page

Exhibit C: Concession Stand Inventory Control Form—1 page

***[The District may designate up to six days per school year on each school campus to sell food and beverages that do not meet nutritional standards as part of a fundraiser during the school day; however, no exempted fundraiser food or beverage may be***

***sold in competition with school meals in the food service area during the meal service.  
 See CO(LEGAL).]***

Exhibit A

***San Felipe Del Rio CISD***  
**2015-2016 Fund Raising Request Form**

Please Read and Initial:	
_____	I have read the Student Activity Manual
_____	Only pre-numbered cash receipt books are to be used
_____	Collections shall be submitted to secretary or receipt clerk on a daily basis
_____	Money is never to be kept over night
_____	All purchases made by PO
_____	No reimbursements allowed
_____	Recap form is due 4 weeks after the event to the accounting dept. (Rae Zambrano)

School _____	Date Requested: _____
Organization _____	Anticipated Revenue: _____
Sponsor's Name _____	Anticipated Expense: _____
Project: _____	Anticipated Net Profit: _____
Date of Project: _____	
Length of Project: _____	
Location of Project: _____	
Deposit Account Fund#: _____	OTC/CLUB: _____

<i>Description of Project:</i>
FJ LOCAL: Please describe the effect of this activity on the student body, the instructional program and the community.
<i>Intended Use of Funds:</i>

1. Sponsor Signature _____	Date _____	
2. Principal's Signature _____	Date _____	Approved ( ) Denied ( )
3. Athletic Director's Signature _____	Date _____	Approved ( ) Denied ( )
4. Superintendent or Designee Signature _____	Date _____	Approved ( ) Denied ( )
5. Comptroller Signature _____	Date _____	Project Number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>

Exhibit B

**Fund Raising Recap**  
 Due in Accounting Department within 4 weeks of ending sale date

Purpose of Fund Raiser	Date Approved	Project Number
Total Deposits _____	Quantity of Inventory Received _____	(each item)
Less: Total Cost of sale _____ (Include copy of Invoice)	Less: Inventory Sold _____	
Net Profit _____	Less: Inventory Giveaway _____	
<b>\$ -</b>	Inventory Remaining _____	<b>0</b>

**\*\*Explanation for Inventory Giveaway must be attached**

**\*\*\*Explanation of disbursement for remaining inventory**

\_\_\_\_\_  
 Sponsor Date

\_\_\_\_\_  
 Athletic Director, if Athletics Date

\_\_\_\_\_  
 Principal Date

Exhibit C

**SAN FELIPE DEL RIO C.I.S.D.  
 CONCESSION STAND INVENTORY CONTROL FORM**



CAMPUS/ORGANIZATION \_\_\_\_\_



PROJECT NO: \_\_\_\_\_

Beginning/Ending Date: \_\_\_\_\_

ITEMS	BEGINNING INVENTORY	ADD PURCHASES	LESS SALES	ENDING INVENTORY	SELLING PRICE	TOTAL SALES
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
				0		\$ -
					TOTAL	
					SALES	\$ -

NOTE: Total sales must equal to the amount of funds deposited.