

# Fundraising / Contribution / Membership Request Form

## San Felipe Del Rio CISD

Check mark one box:

☐

Fundraiser (Profit)

☐

Contribution (No Profit)\*

☐

Membership/Club Fees\*

### A. Please read and initial

\_\_\_\_ I have read the Activity Funds Procedures Manual.  
\_\_\_\_ I acknowledge that only pre-numbered cash receipt books are to be used.  
\_\_\_\_ I will submit monies collected to the secretary or bookkeeper on a daily basis.  
\_\_\_\_ I will NEVER keep money overnight.  
\_\_\_\_ I will make ALL purchases by purchase orders.  
\_\_\_\_ I acknowledge that reimbursements are NOT allowed.  
\_\_\_\_ I will submit the recap form 4 weeks after the event finishes to the Accounting Dept (Isela Valdez).  
\_\_\_\_ I acknowledge that pre-payment to vendors is prohibited.  
\_\_\_\_ \*I acknowledge that contributions and membership collections will require payment of sales tax on tangible items.  
\_\_\_\_ This will be included with the monthly sales tax report.

### B. Please complete requested information

School:	_____	Date Requested:	_____
Organization:	_____	Anticipated Revenue:	_____
Sponsor's Name:	_____	Anticipated Expense:	_____
Project Name:	_____	Anticipated Net Profit:	_____
Beginning Day of Sale:	_____	Tax Fee Sale?	
Ending Day of Sale:	_____	Yes	<input type="checkbox"/>
Location of Project:	_____	No	<input type="checkbox"/>
Deposit Acct Fund #:	_____	If yes, which sale?	
OTC/Club:	_____	1st	<input type="checkbox"/>
		2nd	<input type="checkbox"/>

### C. Type of project

Is this a catalog sale? Yes ☐ No ☐

\*If yes, please provide a copy of the catalog to the Accounting Department\*

Description of the project:

### D. Intended Use of Funds:

### E. Authorization

1. Sponsor's Signature

Date

2. Athletic Director's Signature (if Athletics)

Date

Approved

☐

Denied

☐

3. Principal's Signature

Date

Approved

☐

Denied

☐

4. Chief Financial Officer's Signature

Date

Approved

☐

Denied

☐

5. Comptroller's Signature

Date

Project Number