

Fundraising / Contribution / Membership Request Form

San Felipe Del Rio CISD

Check mark one box:

| | | |
|--|--|--|
| <input type="checkbox"/> Fundraiser (Profit) | <input type="checkbox"/> Contribution (No Profit)* | <input type="checkbox"/> Membership/Club Fees* |
|--|--|--|

A. Please read and initial

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|-------|---|
| _____ | 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 <u>NEVER</u> keep money overnight. |
| _____ | I will make <u>ALL</u> purchases by purchase orders. |
| _____ | I acknowledge that reimbursements are <u>NOT</u> 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"/> No <input type="checkbox"/> |
| Location of Project: _____ | If yes, which sale? _____ |
| Deposit Acct Fund #: _____ | 1st <input type="checkbox"/> 2nd <input type="checkbox"/> |
| OTC/Club: _____ | |

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 <input type="checkbox"/> | | Denied <input type="checkbox"/> | |
| 3. Principal's Signature _____ | Date _____ | Approved <input type="checkbox"/> | | Denied <input type="checkbox"/> | |
| 4. Chief Financial Officer's Signature _____ | Date _____ | Approved <input type="checkbox"/> | | Denied <input type="checkbox"/> | |
| 5. Comptroller's Signature _____ | Date _____ | | | | Project Number _____ |