



COAHOMA ISD FUNDRAISER AUTHORIZATION REQUEST

Organization: _____ *Date of Request: _____

Fund Raiser Name: _____

Purpose of Fundraiser: _____

Vendor Name & Address: _____

Brief Description of Fundraiser: _____

Requested Start Date of Fundraiser: _____

Requested End Date of Fundraiser (max. 2 weeks): _____

Money Collection days (max 2 days) _____

Fundraiser Sponsor Name: _____ Signature: _____

Supervisor Approval: _____ Date: _____

UPON COMPLETION OF APPROVED FUNDRAISER:

Total Amount Collected/Deposited: _____

Amount Due to Vendor: _____

TOTAL PROFIT: _____

Account Name & Code to be Credited/Debited: _____

Supporting Documentation Attached: _____

(Documentation should indicate total number of items sold and total amount collected; all funds should be appropriately documented through sales forms or receipts.)

Business Office:

Approved: _____ Not Approved: _____; Reason: _____ Date: _____

Approval Signature: _____

Fundraising Reconciliation Completed: _____ Date: _____ Initials: _____

**Must be 10 days prior to requested start date*

Updated 8.1.16