

REQUEST FOR APPROVAL
Fundraising Projects

Name of Organization

School

Advisor

Date

Vendor Name

Description of fund raising project (how will the funds be raised?): _____

Approximate date (s) of project: _____

Approximate amount to be raised: _____

Intended uses for funds: _____

List other fund raising projects completed or planned for this school year: _____

Signature of Advisor

Recommendation of Principal:

☐ Recommended

☐ Not Recommended

Signature of Principal

Date

For Business Office Use

Active Vendor ☐ Yes ☐ No *if no....* Vendor Packet - Date Advisor Notified _____