

REQUEST FOR APPROVAL
Fundraising Projects

_____ Name of Organization	_____ School
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_____ Advisor	_____ Date
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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: ☐ Approved ☐ Not Approved

Signature of Principal

Date

For Business Office Use _____

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