WHITEFORD AGRICULTURAL SCHOOLS FUNDRAISER REQUEST FORM

FUNDRAISER REQUEST FORM (must be returned to ELEMENTARY or MS/HS Office 2 weeks prior)

Group/Organization:	Account #: 61-9431 .		
Applicant/Advisor/Coach Name:			
Name of Fundraiser/Activity:			
Fundraiser Details:			
Fundraiser Website (If applicable	2):		
Fundraiser Start Date	Fundraiser End Date:		
Please give us an estimate for re	evenue and expenses:		
Anticipated Revenue \$	Anticipated Expense \$	_	
Do you need a Cash Box/Tickets	?YesNo		
If Yes, Startup Amount Need	ded: Increments (# Needed):	\$1\$5\$10\$20\$50	
If Yes, cash boxes can be red	ceived from the Business Office.		
Do you have anticipated expens	es that involve a Purchase Order?Ye	sNo	
If Yes, please attach a REQU	IISITION REQUEST FORM, so your administ	trative assistant can complete.	
Do you need use of a facility or	classroom?YesNo		
If Yes, please complete the Fassistant.	FACILITIES USE FORM to reserve this space	, and give to your administrative	
	derstands that the Student Activity Accour of the fundraising event, and a copy goes	•	
Signature of Applicant/Advisor/C	Coach	Date	
Building Administrative Assistant	t Date		
Requisition # (Expenses)	: Facilities Use Form	_	
Building Principal/AD	Date	Approved Denied	
Superintendent	Date	Approved Denied	
Confirmation Email Sent	Added to District Calendar Add	led to Building Calendar	
Applicant Administrati	ive Assistant Principal/AD Bu	siness Office	