

**BULLOCK COUNTY BOARD OF EDUCATION
FUNDRAISING ACTIVITY REQUEST FORM**

SCHOOL: _____

DATE OF ACTIVITY _____

CLASS OR GROUP MAKING REQUEST: _____

SPONSORS NAME: _____

REASON FOR FUNDRAISER: _____

VENDOR: _____

PURCHASE ORDER NUMBER: _____

BRIEF DESCRIPTION OF ACTIVITY: _____

FundRaising Budget

	<u>Budgeted</u>	<u>Actual*</u>	<u>Over/Under</u>
Revenue (receipts)			
Cost of Items (payments)			
Expected Profit (revenue minus payments)			

*Actual is to be verified by school bookkeeper after completion of the fundraiser.

Principal's Signature

*Verified by: Bookkeeper's Signature

Date

Date

I recommend the approval of this activity:

Superintendent

Date

Please keep an approved copy of the request form. Upon completion of the fundraising activity, and monthly for activities taking more than two months, compare the actual results based on deposits and payments to the budgeted amounts.

Please submit form to Ms. Etheridge at the Central Office after fund raising activity is completed.