Fund-Raising Activity Permission Request (for Parent Organizations)

Please submit to the Principal or designee for approval at least 30 days before the fund-raising activity. The Principal will retain a copy and return the form to the individual requesting permission.

Name of Parent Organization:_____ Date:_____
Campus:_____
Name of Organizer (Person Responsible for the Fund-raiser): _____
Phone number of Organizer: _____ E-mail:_____
Name of Person handling the money: _____
Phone no. of person handling the money: _____ E-mail:_____

Permission is requested to conduct the following fund-raising activity: ((ie, candy sale, car wash, etc.)
_____
_____
Specific purpose(s) for which the net proceeds are to be used: _____
_____
Date(s) of Fundraiser: Beginning ____/____/____ Ending ____/____/____
Time:_____ Location:_____

This is the ____(1st, 3rd, etc.) fund-raising activity for this school year that I have requested for this group.

Estimated Revenue: $ _____
Less: Estimated Cost of Fund-raiser: $_____
Equals: Estimated Net Proceeds: $_____

1. Are items being sold taxable? Yes ____No____
2. If yes to #1, has your organization **applied for and been granted** sales tax exemption by the Comptroller of Public Accounts?_____
3. If yes to #2, is this a "one-day, tax-free" sale day? Yes____No___;
4. If yes to #3, Is this your 1st____ or 2nd ____ (please check) tax free sale day for the calendar year (Jan-Dec.)?

As the sponsor of this fund-raiser,
I agree to conduct this fund-raiser in compliance with UIL, state, federal and district guidelines.
I understand that I am personally responsible for all funds collected & for keeping accurate records.
I will exercise strict control over all products and money in my possession.
I will provide all money received along with the student or parent name and amount turned in to the treasurer daily for deposit.
I will have all expenditures paid through the Treasurer.
I am responsible for completing the Operating Report with all documentation/records attached to the treasurer within one week of the end date of the fund-raiser.

_____ _____ ____/____/_____
Organizer's Name **Signature** **Date**

Approved: _____ _____ ____/____/_____
Name (Officer of Parent Organization) **Signature** **Date**

☐ **APPROVED**
☐ **DENIED**

_____ ____/____/_____
Principal/Designee **Date**

WISD WACO INDEPENDENT SCHOOL DISTRICT