



OLYMPIA SCHOOL DISTRICT Fundraising Form

Fund:

- ASB
 ASB Charitable
 General Fund
 PPT Charitable

Type of Activity:

- Classroom
 Culminating Project
 Club Fundraiser
 Other _____

Request for Pre-Approval of Fundraiser (complete at least TWO weeks prior to fundraiser):

School: _____ Group or Student Name: _____

Account #: _____ Name of Fundraiser: _____

Proposed Activity: _____

Intended Use of Proceeds: _____

Estimated Revenues: _____

Start Date: _____

Estimated Expenses: _____

End Date: _____

Estimated Profit: _____

(revenue minus expense)

Will the fundraiser be held for the benefit of an organization outside the District? Yes No

If yes, please follow the procedures for fundraising for charitable organizations.

Student Leader: _____ Staff ASB Treasurer: _____

Signature and Date

Signature and Date

Staff Project Advisor: _____ Principal **Pre-Approval:** _____

Signature and Date

Signature and Date

Student Government: _____ Activity Coordinator: _____

Signature and Date

Signature and Date

Contact the School Fiscal Officer or the District Business Office to obtain necessary forms for recordkeeping, reconciliation, receipt of funds, inventory, cash handling, and depositing.

Please note: no money may be taken home or expenses taken from money collected.

Final Approval of Reconciliation:

I hereby certify that the accounting information is complete and accurate:

Student Leader: _____ Fiscal Officer _____

Signature and Date

Signature and Date

Staff Project Advisor: _____ Principal: _____

Signature and Date

Signature and Date

Activity Coordinator: _____

Signature and Date