



## **\*\* Request for Fundraiser\*\***

### **NORTON CITY SCHOOLS**

#### **SALES PROJECT POTENTIAL/FUNDRAISER APPROVAL FORM**

Organization: \_\_\_\_\_  
(Ex: Class of 2012, Girls Basketball, Spirit Club, etc.)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Proposed Sales Project: \_\_\_\_\_

Profits will be used to: \_\_\_\_\_

Vendor to be used: \_\_\_\_\_

Address: \_\_\_\_\_

Approx. Quantity to be ordered: \_\_\_\_\_ Approx. Cost per unit: \$ \_\_\_\_\_

Proposed Sale Price per unit: \$ \_\_\_\_\_

Requested By: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_  
Advisor Name (please print) Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Principal Signature Date Superintendent Signature Date

**\*\*If this fundraiser request involves the purchasing or ordering of products, a requisition MUST be created and a Purchase Order issued PRIOR to the beginning of the sale. *\*\*Failure to do so will cause you to be held personally responsible for payment.*\*\***

Purchase Order # \_\_\_\_\_



**REMINDER:** Is this Fundraiser on your Current Goal & Purpose Statement? Y/N

**\*\*THIS SECTION TO BE COMPLETED AT CONCLUSION OF FUNDRAISER\*\***

Total to be accounted for:

Qty Sold: _____	x Sale Price per unit \$ _____	=	\$ _____
Qty Purchased _____	x Cost per Unit _____	=	\$ _____
Profit (Loss)			\$ _____

\*\*\*When you receive an invoice from the vendor, please okay for payment and forward to the Treasurer's Office. Retain a copy for your records.

Advisor Signature \_\_\_\_\_ Principal Initial \_\_\_\_\_  
Date Date