Shawnee Public Schools
Fundraiser Request Form

School Name

Organization Requesting the Fundraiser

Date of the Fundraiser: From ___________________________ To ___________________________

Time of the Fundraiser: Before School [ ] After School [ ] During School [ ] Weekends [ ] Other [ ]

(Please check all that apply)

Signed (Sponsor) ___________________________ Date ___________________________

Administrator ___________________________ Approved [ ] Denied [ ] Date ___________________________

Supt. and/or Designee ___________________________ Approved [ ] Denied [ ] Date ___________________________

Activity Fund Act. # ___________________________

Vendor for the Fundraiser ___________________________

Description of the Fundraiser

How will funds raised be used? (Be specific.)

Projected Revenue from the Fundraiser ___________________________

Sale Price of Goods ___________________________

PLEASE DO NOT WRITE BELOW THIS LINE

For Central Office Use Only:

Approved [ ] Denied [ ] By the Board of Education (Date) ___________________________

Total cost of goods ___________________________

Sale price of goods ___________________________

Total revenue received ___________________________

Profit or Loss on Fundraiser ___________________________

Amount of revenue used for purpose in which it was raised ___________________________

$ _________ remaining from the Fundraiser can be used for other items at the close of FY: 20 ______ 20 ______