REQUEST FOR FUNDRAISER ACTIVITY INTERNAL FUNDS

Project Name/Activity:	Date Submitted:
Building:	Advisor:
Internal Account Number/Name:	
Project Contacts (Parent, Staff, or Studen	nt responsible for co-managing fundraiser):
Name:	Phone Number:
Name:	Phone Number:
Beginning Date of Fundraiser:	Ending Date of Fundraiser:
Fundraising Company:	Contact Person:
Address:	Phone Number:
Description of Fundraiser Project (Must	include purpose and products/services to be sold):
Expected Participants (Ex: Class of 2022;	Drama Club; JV Cheer Team):
Items Sale Price Range:	Profit Goal: \$
Are the sale items taxable? Yes No	Does the sale price include tax? Yes No
Advancement of Funds to Buy Product (if any): \$ Source:
What do you propose to do with the mor	ey earned? (Attach any service contracts, supplies/equipment
purchase detail lists, etc.)	
If supplies/equipment are to be purchase	d, will these items be turned over to the school district? Yes No
deposited into the school internal fund accounts be paid by school check from this account. Use or in your own bank account. Exception: PT account. Every check and deposit must account. Finance Office. Sales tax will be issued to the	ove fundraiser, you must realize that all money collected is to be unt. Any funds needed to purchase APPROVED items/equipment are to Under NO circumstances are you to keep money collected at your home A's with own bank accounts currently existing may use their bank mpany a Pay Order/Receipt, which is provided to you through the he State of Michigan on all taxable items sold through fundraisers, which all terms and conditions illustrated by the Administrative Guidelines for
Signature of Advisor:	Date:
Check One: Approved Not Ap	pproved
Principal/Director:	Date:

Route copy to Finance Office @ the Education Service Center

Contacts: Becky Grumley, Ap Accountant and Student Activity Funds