

**SENATOBIA CITY SCHOOLS
FUND RAISING PROJECT
Request/Authorization**

Sponsoring Group/Organization: _____ ACCOUNT# _____

Number of fund raising projects held by group/organization school year to date: _____

Teacher Making Request: _____

Date of Request: _____ Date(s) of Fund Raiser: _____

Specific purpose of fund raising project: _____

FUND RAISING PROJECT DESCRIPTION

Nature of Project _____

School Facilities Needed _____

Student Involvement _____

Parental Involvement _____

Name of Vendor _____

Cost of item to be sold \$ _____ Projected gross proceeds of sales \$ _____

FUND RAISING AUTHORIZATION

PRINCIPAL'S SIGNATURE: _____ DATE: _____
(Signature indicates school level approval)

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

() APPROVED () NOT APPROVED FOR THE FOLLOWING REASONS

FILL OUT A REQUISITION FORM

GET IT SIGNED BY YOUR PRINCIPAL

**ATTACH AN APPROVED COPY OF THIS FORM TO
REQUISITION TO OBTAIN A PURCHASE ORDER #**

**THEN YOU MAY PROCEED WITH YOUR FUND
RAISING PROJECT**

******* SALES TAX SHOULD BE PAID ON RESALE ITEMS*******