

**Tioga Independent School District
Authorization to Conduct a Fund Raiser Form**

Campus: _____ Club: _____

Fund Raiser Title: _____

A. What type of merchandise or service will be sold or provided?

B. Will food be sold that will be consumed during school hours (**midnight to 30 minutes after the end of the school day**)? ()Yes ()No

If so, does the food item(s) meet the USDA nutritional standards? ()Yes ()No

Please attach a copy of the Smart Snacks Product Calculator Results and Nutrition Fact Label from the food item(s) for audit purposes.

C. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?

D. Vendor _____ Representative _____
Address _____ Phone _____

E. Fund raiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

F. Funds generated will be used for _____

Projected Sales and Expenses:

Total Projected Sales	\$ _____
Total Projected Expenses	\$ _____
Projected Net Profit	\$ _____

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to campus principal within 30 days after the termination of the fund raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ **Date:** _____

Authorization:

Principal: _____ **Date:** _____ () Approved () Disapproved

Business Office: _____ **Date:** _____ () Approved () Disapproved