

East Baton Rouge Parish School System

For Internal Audit Use Only

Database: _____

Entered Date: _____

School Name

Location

Level

Request for Fundraising Activity (Please Print)

Fundraiser requests must be submitted at least two (2) weeks prior to the date the fundraiser is to be held.

To: _____
Assistant Superintendent

Date: _____

From: _____
Name of person making request

Department/Club/Program (Fund)

Approval of the following fundraising activity by this school is hereby requested:

Vendor name: _____

Vendor address: _____

Type of activity: _____

Dates to be held: _____

Estimated faculty time involved: _____

Total Amount to be Raised by Activity: \$ _____

Auditor Use Only

Cost of Activity: \$ _____

Auditor Use Only

Net Profit for Activity: \$ _____

Profit to be used for: _____

Requestor

Principal

Approved: _____
Assistant Superintendent

For scanning purposes, this form must be submitted on white paper with no highlighted text.