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| The Student Body of:Click here to enter text. | PTA/PTO Legal (Registered) Name::Click here to enter text. |
| Please check type of request (1 through 5): | Date: Click here to enter a date. | PTA/PTO Telephone:Click here to enter text. |
| ***1.***  |[ ]  ***Request to hold a fundraising activity*** |
| ***Sponsor:*** | ASB (student body)\* [ ]  Club\*\* [ ]  PTA/PTO\*\*\* [ ]  Cooperative (ASB & PTA/PTO)\*\*\*\* [ ]  |
| \* 100% of proceeds must go to ASB \*\*Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB \*\*\*100% of proceeds can go to PTA/PTO \*\*\*\*Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event) |
| ***Distribution of Proceeds:*** | ASB Share 0 % Club Share 100 % PTA/PTO Share Click here to enter text.% |
| ***Purpose of Fundraiser:*** | Click here to enter text. |
| ***Description of Fundraiser:*** | Click here to enter text. |
| ***Details of Fundraising Activity***: |
| Begin Date: Click here to enter a date. End Date:Click here to enter a date.(Fundraising activities should not exceed 3 consecutive weeks)Time of Day: (Fundraising activities cannot occur during instructional time) | On Campus: Yes [ ]  No [ ] Specific Location: Click here to enter text. |
| If “On-Campus”, is any third party vendor/business involved? Yes [ ]  No [ ] If yes, please provide name of vendor/business and description of services provided:Click here to enter text. |
| ***2.*** |[ ]  ***Request for Expenditure This expenditure is in the ASB Budget: Yes*** [ ]  ***No*** [ ]  |
| Vendor/Contractor/Employee\*:Click here to enter text. | Amount: $Click here to enter text. |
| Description: Click here to enter text.\*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed. |
| ***3.*** |[ ]  ***Receive a Cash or Non-monetary Donation*** |
| Donor/Vendor: Click here to enter text. | Amount: $Click here to enter text. |
| Item:Click here to enter text. | Make:Click here to enter text. | Model:Click here to enter text. | Serial #Click here to enter text. |
| Purpose:Click here to enter text. |
| ***4.*** |[ ]  ***Transfer or Dispose of Student Body Owned Equipment/Inventory*** |
| Recipient: | Click here to enter text. | Value: $Click here to enter text. |
| Equipment/Inventory Description: Click here to enter text.Note: If approved, item(s) should be removed from ASB Inventory. |
| ***5****.* |[ ]  ***Other*** |
| Description: Click here to enter text. |
| Approved in Student Body Council Meeting of Click here to enter a date. Minutes are attached to this Request.Signature of Principal (Required) Date Signature of ASB Treasurer (Required for Secondary) Date Signature of Financial Manager (Required) Date:Signature of President, Local PTA/PTO (if involved): 10th/31st District PTA Date:  |
| *After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.***SBSF Approval - ASB Event/Activity:** [ ]  Approved [ ]  Not Approved[ ]  Comments: **PTO/PTA Registration Status Current/Registered with State DOJ?** Yes: [ ]  No: [ ]  Date Checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SBSF – PTA/PTO Event/Activity**: [ ]  Approved as to process Not Approved[ ]  Comments:Coordinating Financial Manager Signature: Date: Other Approvals (if applicable): M&O: OEHS: If “On-Campus” and shared with PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10th or 31st PTA who will sign and then return back to SBFS. For ASB or cooperative, if “On-Campus” and Third Party Vendor/Business is involved, SBFS will forward to Risk Mgt for approval.For ASB, if off-campus, SBFS will forward to Risk Management for approval. |