

FUND RAISING / ACTIVITY REQUEST FORM

Complete one form for each activity planned

Today's Date: _____

Club Making Request: _____

Activity Planned / Item(s) Sold: _____

Start Date: _____

End Date: _____

NYS Taxable Event/Sale

Projected Expense(s)	\$ Projected

Projected Receipt(s)	\$ Projected

Total Projected Receipts	Total Projected Expenses	Total Projected Profit <small>(Receipts minus Expenditures)</small>

The student officers of the above named organization understand the above activity and assume responsibility for its fiscal conduct.

All signatures (in the order shown below) are required before starting this activity, sale, event, or project.

Student Treasurer: _____ Date: _____ Approve Do Not Approve

Faculty Advisor: _____ Date: _____ Approve Do Not Approve

Calendar Coordinator: _____ Date: _____ Approve Do Not Approve

Principal: _____ Date: _____ Approve Do Not Approve

Athletic Director: _____ Date: _____ Approve Do Not Approve
(if applicable)

Central Treasurer: _____ Date: _____ Approve Do Not Approve