



# MADISON LOCAL SCHOOLS

## Student Fund Raiser Approval Form

Activity/Organization \_\_\_\_\_ Advisor \_\_\_\_\_

Purpose of Fund Raiser \_\_\_\_\_

Proposed Activity \_\_\_\_\_

Dates and Duration \_\_\_\_\_

Company Name/Address \_\_\_\_\_

Sales Representative \_\_\_\_\_ Phone # \_\_\_\_\_

Cost Per Item(s) \_\_\_\_\_

Selling Price Per Item(s) \_\_\_\_\_

Quantity Ordered \_\_\_\_\_

Purchases \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_ if applicable

\_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

Total Purchases \_\_\_\_\_

Less Returns \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

TOTAL \_\_\_\_\_

DEPOSIT AMOUNT \_\_\_\_\_

Quantity Unaccounted For \_\_\_\_\_  
(Explain on reverse side)

Advisor \_\_\_\_\_ date \_\_\_\_\_

Principal \_\_\_\_\_ date \_\_\_\_\_

Superintendent \_\_\_\_\_ date \_\_\_\_\_