

Request for Authorization – Secondary Schools, DACE Schools, PTA/PTO Secondary

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.	<input type="checkbox"/> Request to hold a fundraising activity		
Sponsor:	ASB (student body)* <input type="checkbox"/> Club** <input type="checkbox"/> PTA/PTO*** <input type="checkbox"/> Cooperative (ASB & PTA/PTO)**** <input type="checkbox"/>		
* 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 Click here to enter text. %	Club Share Click here to enter text. %	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)		On Campus: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time of Day: Click here to enter text.		Specific Location: Click here to enter text.	
(Fundraising activities cannot occur during instructional time)			
If "On-Campus", is any third party vendor/business involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide name of vendor/business and description of services provided: Click here to enter text.			
2.	<input type="checkbox"/> Request for Expenditure <i>This expenditure is in the ASB Budget: Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> 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)		_____ Signature of ASB Treasurer (Required for Secondary)	
_____ Date		_____ Date	
_____ Signature of Financial Manager (Required)		_____ Date:	
_____ Signature of President, Local PTA/PTO (if involved):		_____ 10 th /31 st District PTA Date: _____	
<i>After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.</i>			
SBSF Approval - ASB Event/Activity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Comments:			
PTO/PTA Registration Status Current/Registered with State DOJ? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date Checked: _____			
SBSF – PTA/PTO Event/Activity: <input type="checkbox"/> Approved as to process Not Approved <input type="checkbox"/> 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 10 th or 31 st 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.			