



Dexter Consolidated Schools

FUNDRAISER REQUEST FORM *please complete all fields*

Today's Date _____ Coach(s)/Sponsor(s) _____

Group/Organization _____ Account # _____

Current balance in account \$ _____

Type of Fundraiser _____

Dates fund raising activity will occur (begin) _____ (end) _____

Where will fund raising activity take place? _____

Purpose of fund raiser: How will funds be spent? How much money is needed?

Vendor/Supplier Information (if applicable):

Name _____

Address _____

Phone _____ Fax _____ Email _____

All checks must be made out to Dexter Schools.

I understand that all funds (cash or check) must be deposited. I will not use cash proceeds to make any type of purchase related to my program or fundraiser. I understand that purchases may only be made with a Purchase Order.

Signature: _____ Date: _____

**If fundraising is through a Board approved Booster/Support Group, that group will receive payments directly from customers and will cut checks directly to vendors.*

PRINCIPAL

_____ Denied
_____ Forward to Activity Director

Principal Signature

Date

ACTIVITY DIRECTOR

_____ Approved (Forward to Business Office)
_____ Disapproved

Activity Director Signature

Date

BUSINESS OFFICE

_____ W9 on file _____ Non Taxable Certificate filed (if applicable)