

FORT STOCKTON ISD

FUND RAISING APPROVAL AND RECAP

Date of Request _____

CAMPUS _____

Group/Club Name _____

Employee or Sponsor Responsible for fund raiser _____

Description of Fund Raiser _____

Amount needed for Project _____

Purpose of Fund Raiser _____

Date Fund Raiser will begin _____

Date Fund Raiser will end _____

Sponsor's Signature _____

Approved Disapproved

Principal's Signature _____	Date _____		
Superintendent's Signature _____	Date _____		

RECAP OF FUND RAISING ACTIVITY

(Due two weeks after completion of Fund Raiser)

Actual Income Received	_____
Actual Expenses Incurred	_____
Profit/Loss	_____
Verifying Funds	
Sponsor's Signature _____	Date _____
Sponsor's Signature _____	Date _____
Principal's Signature _____	Date _____

Submit a copy of the completed form to the Business Office

FORT STOCKTON ISD
FUND RAISING ACTIVITY
DEPOSIT FORM

Date: _____

Name of Group/Club _____

Amount

Currency	_____.
Coins	_____.
Checks (total amount)	_____.
Total Deposit	_____.

2 Signatures required for verifying funds

Signature	Title/Role
Signature	Title/Role

This form must be completed and turned in with money to be deposited on the next working day following the fund raising event.

FORT STOCKTON ISD

**FUND RAISING ACTIVITY
DISBURSEMENT REQUEST**

Date _____

Name of Group/Club _____

Amount _____

Pay to the order of: _____

Reason for Disbursement _____

Special Instructions _____

Requestors Name & Signature

Printed name	Signature	Date

Approval's Signature

Principal's Signature	Date

Please submit disbursement request at least 5 days before check is needed.