

**Jackson County
School District 9**

Code: **IGDF-AR**
Adopted: 9/14/05
Readopted: 7/09/08

Student Fund-Raising Activity Request

Travel Dates From: _____ To _____

School: _____

Name of Organization (club/class/group): _____

Name of Product/Item for Sale: _____

Funds to be use for*: _____

Signature of Person Authorizing Sales
(club/class/group advisor)

Date

Signature of Principal/Designee

Date

Any questions regarding this fund raising activity should be directed to the person authorizing sales.

A copy of this form is to be filed at the school's bookkeeping office, and the District Office Business Department.

*If funds are to be used for out of state travel and Out of State Travel Request form must accompany this request. Out of state travel must have prior Board approval