

**Jackson County
School District 9**

Code: **IGDF-AR**
Revised/Reviewed: 9/14/05; 7/09/08; 2/04/15

Student Fund-Raising Activity

Travel Dates From: _____ To: _____

School: _____

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

Name of Product/Item for Sale: _____

Funds to be used 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 an Out-Of-State Travel Request form must accompany this request. Out-Of-State travel must have prior principal or designee approval.