Umatilla School District 6

Code: **IGDF-AR**
Adopted: Unknown
Readopted: 2/11/04
Orig. Code(s): IGDF-AR

Student Fund-Raising Activity Request

Person making request: _____

Student organization: _____

Date of activity: (begin) _____ (end) _____

Vendor (if any): _____

Explain activity (type): _____

Name of fund raiser: _____

Anticipated total gross: $ _____

Anticipated cost of activity: $ _____

Anticipated net profit: $ _____

Activity Supervisor(s): _____

_____

_____

Purpose: _____

_____

_____

Approved purchase order number: _____

Approval of superintendent: Yes ☐ No ☐

_____ _____
Student advisor or responsible party Date

_____ _____
Principal Date

_____ _____
Superintendent Date