

*School District of the City of Saginaw*  
**FUNDRAISER AUTHORIZATION FORM**



TODAY'S DATE:	
SCHOOL NAME:	
SCHOOL ORGANIZATION:	
LEAD COORDINATOR:	
WHAT ARE YOU SELLING:	
FROM WHAT COMPANY:	
RATIONALE FOR FUNDRAISER:	
<b>** IF SEEKING DONATIONS, WHAT INITIATIVE IS IT TIED TO:</b>	
AMOUNT EXPECTED TO RAISE:	
DURATION OF FUNDRAISER:	
ACTIVITY ACCOUNT:	

NOTE: Building Administrator is ultimately responsible for all funds collected in the school's name. Funds should be deposited within 24 hours of collection. There should be a ledger tracking all funds collected and spent. Funds raised MUST be used for their intended purpose.

**FAILURE TO COMPLY CAN RESULT IN CONSEQUENCES THAT COULD INCLUDE TERMINATION AND CRIMINAL CHARGES, IF NECESSARY.**

*Signing below means that you understand all of the information above.*

\_\_\_\_\_

Fundraising Coordinator

\_\_\_\_\_

Date

\_\_\_\_\_

Building Administrator

\_\_\_\_\_

Date

**APPROVAL:**

\_\_\_\_\_

Executive Director of Fiscal Services

\_\_\_\_\_

Date

**\*\* ALL DONATIONS SHOULD BE MADE PAYABLE TO THE DISTRICT, NOT AN INDIVIDUAL, AND MUST BE DEPOSITED ACCORDING TO DISTRICT PROTOCOL.**

**IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET OF PAPER. MAKE SURE YOU LABEL IT SO WE CAN KEEP THE PAPERWORK TOGETHER.**