



Fundraiser and Other Resales Authorization (ISA-F008)

School Name: _____

Note: Submit at least 30 days in advance of proposed fundraising date or it may not get approved before the requested start date

This Section Completed by Sponsor:

Club/Sport/Group: _____ Sponsor: _____

Proposed Fundraiser: _____

Proposed use of Net Profit of this fundraiser (be specific):

Proposed Date(s) of Active Fundraising: _____ to _____

Student Involvement (check one): ☐ School-wide or ☐ Specific School Group

How will funds be collected? (check one): ☐ Pre-sale ☐ Point of Sale ☐ Upon Delivery ☐ Online/Website

For online fundraising or online collections, list website data for viewing sales and/or collections:

Documentation attached? (contract, agreement, brochure, fundraiser letter, etc.) ☐ Yes ☐ No

If no, please explain below:

Net profit goal: \$_____ Margin of Profit: _____% **OR** ☐ Resale with no profit intended

If you are using an outside organization, please list the following:

Company Name: _____ Sales Tax ID # _____

Indicate if company will pay sales tax to the State of Tennessee (check one): ☐ Yes ☐ No

Contact Name at Fundraising Company: _____ Phone # _____

Add Additional Comments or Attachments if needed:

Signature of Requestor/Sponsor: _____ **Date:** _____

This Section Completed by Bookkeeper:

Funds will be receipted into ISA Account # _____ Event Code _____

Current balance of above listed ISA Account (if restricted) OR current general fund balance: \$ _____

Administrative Approvals:

*Administrator Approval Signature: _____ Date: _____

**Director of Schools (or designee) Approval Signature, if applicable:

Date: _____