



Clint Independent School District  
Fund Raising Application and Financial Recap



Fund Raiser #: \_\_\_\_\_  
Location \_\_\_\_\_ Event # \_\_\_\_\_

School / Club Information

|               |               |
|---------------|---------------|
| Campus:       | Club Name:    |
| Account Name: | Account Code: |

Fund Raiser Information

|                                                                                                |                             |                                                                            |
|------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------|
| Who will be selling:                                                                           | Where will they be selling: |                                                                            |
| Will door to door solicitation be involved? <input type="radio"/> Yes <input type="radio"/> No | Expected Net Income:        |                                                                            |
| Beginning Sale Date:                                                                           | Ending Sale Date:           | Is this a taxable sale? <input type="radio"/> Yes <input type="radio"/> No |

|                                                                                |                                                             |
|--------------------------------------------------------------------------------|-------------------------------------------------------------|
| Description of products being sold: <i>(Example (1) product - description)</i> | Please explain the reason for this fundraising request:     |
| <div style="border: 1px solid black; height: 100px;"></div>                    | <div style="border: 1px solid black; height: 100px;"></div> |

Vendor Information

|              |                |
|--------------|----------------|
| Vendor Name: | Vendor Number: |
|--------------|----------------|

*Sponsor, please provide the vendor name. The campus Budget Clerk can assist you with the vendor number. If the vendor is not an active vendor, a new vendor request must be submitted and approved prior to fund raising. The information below is not required for approval, but will be very helpful to you and the campus Budget Clerk.*

|               |                |
|---------------|----------------|
| Phone Number: | Fax Number:    |
| Contact Name: | Contact Title: |

I, \_\_\_\_\_ have read the district Activity Fund Manual and I am familiar with the school and district policies and procedures regarding the sale of merchandise at the school and in the community. I accept responsibility for the Sales Tax collection and I will be responsible for the accountability of all monies collected. I understand a financial recap must be completed.

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor Printed Name: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Final Financial Recap - Due at the end of the fund raising event(s)

|                                    |                |
|------------------------------------|----------------|
| Total Sales:                       | Total Expense: |
| Status of any remaining inventory: | Actual Income: |