## GPISD FUND RAISER APPLICATION

Campus	Date
Club	Sponsor
Begin Date of Sale	Ending Date of Sale
Purpose of Sale	
Product or Activity: Product**  ** If a product is being sold, then the tax free section below mu	
Vendor Name	·
Vendor's Address	
Profit Estimator	Tax Free Product Fund Raisers **
A. Total sales  B. Total Expense	Tax Free: YesNo
C. Estimated Profit  (A – B = C)  Profit Percentage	Each organization or campus is allowed (2) tax free product fund raisers per calendar year (Jan. thru Dec.). Is this your 1 <sup>st</sup> or 2 <sup>nd</sup> tax free fund raiser?
(C / A = Profit Percentage)	1 <sup>st</sup>
Successful fund raisers are 40% or greater	Taxable fund raisers require Business Office Notification
<ul> <li>l agree to the following GPISD fund raising requirements:</li> <li>1) Have a completed, approved application before the proposed fund raiser event occurs,</li> <li>2) Exercise strict control over all products in my possession,</li> <li>3) Deposit all collections within (2) business days of their physical receipt date,</li> <li>4) Notify the business office promptly of all outstanding debts so that appropriate action may be taken,</li> <li>5) Complete written documentation to accompany cash &amp; checks turned in to the designated secretary,</li> <li>6) Submit a new application to be approved if dates or details change on this application.</li> <li>POLICY COMPLIANCE WARNING</li> <li>Failure to follow all activity fund policies and procedures may result in the suspension of my sponsorship of this and future activity funds</li> </ul>	
Sponsor's Signature	Date
Principal's Signature	Date
Superintendent's or Designee's Signature  Approved	Date  Disapproved
PLEASE SUBMIT TWO COPIES. ONE COPY WILL BE SENT BADISAPPROVED.	CK TO THE CAMPUS AFTER IT HAS BEEN APPROVED OR