



Cohoes City School District FUND RAISING ACTIVITY REQUEST FORM

* Please complete one form for each activity your class/club/organization is planning *

Date of Request: _____

Class/Club/Organization making request: _____

The above group is requesting permission to conduct the following activity in compliance with the school district's extraclassroom activity procedures, regulations, Board of Education policies, and NYS Laws. All purchases, receipts and disbursement of funds must be made in accordance with school district procedures, regulations and policies, and NYS Laws.

ACTIVITY PLANNED: _____

Indicate one: ___ GENERAL FUND RAISING EVENT ___ SERVICES PROJECT
 ___ SCHOLARSHIP ___ CHARITY ___ OTHER (explain)

ACTIVITY/SALE DATES: Begin _____ End _____

			<u>Projected (prior)</u>	<u>Actual (after)*</u>
EXPENSES	1.	_____	\$ _____	\$ _____
(Costs)	2.	_____	\$ _____	\$ _____
	3.	_____	\$ _____	\$ _____
	4.	_____	\$ _____	\$ _____
	5.	_____	\$ _____	\$ _____
RECEIPTS	1.	_____	\$ _____	\$ _____
(Income)	2.	_____	\$ _____	\$ _____
PROFIT (Receipts minus Expenses)			\$ _____	\$ _____

The student officers of the above named Class/Club/Organization understand the above activity and assume responsibility for its fiscal conduct.

NOTE: All four signatures are required before stating this activity, sale, event or project

Faculty Advisor Signature _____ Date: _____

Student Treasurer Signature _____ Date: _____

**Extraclassroom Activity
Funds Central Treasurer** _____ Date: _____

Principal _____ Date: _____

NEW YORK STATE TAXABLE Event/Activity/Project: ___ YES ___ NO

***After this activity, sale, event or project:**

1. Record the actual Expenses, Receipts and Profit
2. Record on the back of this form, (a) the names of students who have not turned in money and the amounts, (b) an explanation for missing money or products..
3. Give one copy of this form to the Central Treasurer, Principal, and keep original copy.