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| The Student Body of:EAGLE ROCK JR./SR HS | PTA/PTO (if applicable):Click here to enter text. |
| Please check type of request (1 through 5): | Date: Click here to enter a date. | Telephone: 323-340-3510 |
| ***1.***  |[ ]  ***Request to hold a fundraising activity*** |
| ***Sponsor:*** | ASB (student body)\* [ ]  Club\*\* [ ]  PTA/PTO\*\*\* [ ]  Cooperative (ASB & PTA/PTO)\*\*\*\* [ ]  |
| \* 100% of proceeds must go to ASB \*\*Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB \*\*\*100% of proceeds can go to PTA/PTO \*\*\*\*Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event) |
| ***Distribution of Proceeds:*** | ASB Share Click here to enter text. % Club Share Click here to enter text. % PTA/PTO Share Click here to enter text.% |
| ***Purpose of Fundraiser:*** | Click here to enter text. |
| ***Description of Fundraiser:*** | Click here to enter text. |
| ***Details of Fundraising Activity***: |
| Begin Date: Click here to enter a date. End Date:Click here to enter a date.(Fundraising activities should not exceed 3 consecutive weeks)Time of Day: Click here to enter text.(Fundraising activities cannot occur during instructional time) | On Campus: Yes [ ]  No [ ] Specific Location: Click here to enter text. |
| If “On-Campus”, is any third party vendor/business involved? Yes [ ]  No [ ] If yes, please provide name of vendor/business and description of services provided:Click here to enter text. |
| ***2.*** |[ ]  ***Request for Expenditure This expenditure is in the ASB Budget: Yes*** [ ]  ***No*** [ ]  |
| Vendor/Contractor/Employee\*:Click here to enter text. | Amount: $Click here to enter text. |
| Description: Click here to enter text.\*If services are provided, a W9 must be completed. Risk Mgt approval may also be required for insurance purposes. If employee, W4 and I9 must be completed. |
| ***3.*** |[ ]  ***Receive a Cash or Non-monetary Donation*** |
| Donor/Vendor: Click here to enter text. | Amount: $Click here to enter text. |
| Item:Click here to enter text. | Make:Click here to enter text. | Model:Click here to enter text. | Serial #Click here to enter text. |
| Purpose:Click here to enter text. |
| ***4.*** |[ ]  ***Transfer or Dispose of Student Body Owned Equipment/Inventory*** |
| Recipient: | Click here to enter text. | Value: $Click here to enter text. |
| Equipment/Inventory Description: Click here to enter text.Note: If approved, item(s) should be removed from ASB Inventory. |
| ***5****.* |[ ]  ***Other*** |
| Description: Click here to enter text. |
| Approved in Student Body Council Meeting of Click here to enter a date. Minutes are attached to this Request.Signature of Principal (Required) Date Signature of ASB Treasurer (Required for Secondary) Date Signature of Financial Manager (Required) Date:Signature of President, Local PTA/PTO (if involved): 10th/31st District PTA Date:  |
| *After completion, please submit to your Coordinating Financial Manager (via email or mail) 3 weeks prior to event.*Student Body Finance Section (SBFS): [ ]  Approved Not Approved[ ]  Comments: Click here to enter text.CFM Signature: Date: Other Approvals (if applicable): M&O: OEHS: If “On-Campus” and solely sponsored by PTA/PTO, SBFS will forward to Leasing and Space Utilization for license agreement. If PTA involved, school or local PTA forwards to 10th or 31st PTA who will sign and then return back to SBFS. ***For ASB sponsored or cooperative, if “On-Campus” and Third Party Vendor/Business is involved, school must check with Risk Management to confirm that additional approvals are not required.***  |

 March 2017