



**EVERY STUDENT.  
EVERY DAY.**

P.O. Box R  
400 North Elm Street  
Cortez, Colorado 81321  
Phone: (970) 565-7282  
Fax: (970) 565-2161

[www.cortez.k12.co.us](http://www.cortez.k12.co.us)

## FUNDRAISING REQUEST FORM

Before a school sponsor organization or club holds a fundraising activity the sponsor must complete this form and it must be approved by the principal and administrator of support services or chief financial officer prior to the beginning of the fundraising activity.

DO NOT ORDER ANYTHING OR OBLIGATE THE SCHOOL FINANCIALLY WITHOUT FOLLOWING PROPER PROCEDURES. ONLY THE SUPERINTENDENT AND BOARD PRESIDENT ARE AUTHORIZED TO SIGN CONTRACTS. You must have prior approval and principal permission to order any materials for your fundraisers. If there is any kind of agreement or contract, this must be submitted with this form. Items ordered without approval may be subject to return and cancellation of fund raising activity. Sponsor(s) may be held personally responsible for items ordered if the proper procedures have not been followed.

- Only school-sponsored organizations and clubs will be allowed to sponsor On Campus/In-School Fundraisers.
- Only school-sponsored organizations and clubs will be allowed to represent the school in Off Campus/Out of School Fundraiser

Today's Date: [Click here to enter a date.](#) ☐ In-School Fundraiser **or** ☐ Out of School Fundraiser

Facilities Use ☐ If so, please attach Facilities Use Form

School: [Click here to enter school name.](#) Name of Organization: [Click here to enter organization name.](#)

Sponsor(s): [Click here to enter sponsor\(s\) name.](#) Number of Students Involved: [Click here to enter #.](#)

What account will the funds be deposited to? [Click here to enter what account funds will be deposited to.](#)

Fund Raising objective: (Explain use of projected funds)

[Click here to explain use of projected funds.](#)

Explain how the fundraiser will be executed?

[Click here to explain how the fundraiser will be executed.](#)

☐ Donation Based **or** ☐ Product Based Vendor Name: [Click here to enter vendor name.](#)

Beginning Date: [Click here to enter a date.](#) Ending Date: [Click here to enter a date.](#)

Projected amount to be raised: \$[Enter amount](#) Projected cost of the fund raiser: \$[Enter amount](#)

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

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Director of Finance Signature \_\_\_\_\_ Date \_\_\_\_\_

### Fundraiser Follow-Up to be completed by Business Office

Amount Raised: \_\_\_\_\_ Date Deposited: \_\_\_\_\_ Deposited by: \_\_\_\_\_

How were supplies and/or products paid for? ☐ Credit Card ☐ Check # \_\_\_\_\_ ☐ Other \_\_\_\_\_

PO Number \_\_\_\_\_ Amount \_\_\_\_\_ Date of Payment \_\_\_\_\_

Director of Finance Signature \_\_\_\_\_ Date \_\_\_\_\_